

ASSIGNMENT

CC4/FCI20009561/R1pa3q2

Surveyor:

RASUL

DOI: 07/09/2020

Date / Time : 07/09/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHA 4368MClaim No. : D20000780MFSHName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40Excess Sec II :\$ _____ D.O.A : 31-01-2020Place of Accident : ALONG RAFFLES BLVD

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

YP 1555D

INSRS: VENDA
WSP: ENGINEERING
Tel : & TRADING
Liability: PTE LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	YP 1555D - CC3/FCI16017396/Ktbe2 ; 09/09/2016	Non-Reporting ltr (1st):	
	CS/FCI16017396/Ktd3e2-1 ; 09/09/2016	Non-Reporting ltr (2nd):	
	SHA 4368M - CS/FCI16017958/T1th3n2 ; 19/09/2016	Non-Reporting ltr (Final):	
	CS/FCI16018549/Kvbc2 ; 29/09/2016	Notification ltr (if non-pickup):	
	CS/FCI17003132/Avbn2 ; 13/02/2017	Call OI:	
	CS3/FCI17018969/M1bs2 ; 29/09/2017	After call ltr to OI:	
	NA/INC16012687/h4 ; 09/07/2016	Documentation Check List:	
	NS/INC17016404/K1vbn2 ; 22/08/2017	Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☐
		Release Voucher:	☐
		Final Repair Bill:	☐
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>3,650.00</u> (<u>6</u> days) Reduction: <u>56</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>25/11/2020</u> Confirm with <u>Pei Jin</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,905.50</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>960.00</u> (\$ <u>120</u> x <u>8</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$ _____	3) Survey fee:	
Total:	S\$ <u>4,872.95</u> Global Sum S\$: <u>4,870.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ <u>4,870.00</u> Name 1: <u>Venda Engineering & Trading Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		