

ASSIGNMENT

Surveyor: OSP DOI: 23/09/2020 Date / Time : 23/09/2020

Registered in Merimen: 23/09/2020

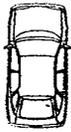
Pre-assign / CCU / FTE



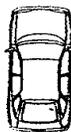
Insured Vehicle No. : SHC 1193J Claim No. : _____
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 20/09/2020 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

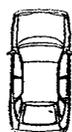
SMS 8036R



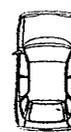
INSRS:
WSP: FORZA
Tel : AUTOHAUS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
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Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMS 8036R : X		
	SHC 1193J : CC4/III18017129/Gpb3q2 ; DOA : 13/09/2018	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
<u>02/03/2021</u>	<u>Pls refer to VIEWS for details.</u>	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/sum S\$ 4,750.00 (3 days) Reduction: 57 % Email Call

FINAL SETTLEMENT Date/Time: 02/03/2021 Confirm with Mike Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: W/GST S\$ 5,082.50
 Loss of Rental (LOR): S\$ 275.00 (5 days) x \$55.00
 Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)
 Loss of Income (LOI): S\$ 200.00 (\$ 40 x 5 days)
 LOR only LOU only LOR + LOU LOR + LOU [Tick only one]

GIA/LTA Search S\$ 7.45
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
 1) Claim status: Normal/~~Reject/Private Settle~~
 2) Report Format: TP
 3) Survey fee: \$500.00

Total: S\$ 5,564.95 **Global Sum S\$:** 5,550.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payee 1: S\$ 5,550.00 Name 1: Forza Autohaus Pte Ltd

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____