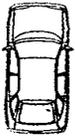|		LKK:
INS. CASE OWNER:	CC4/III20010196/Qps3	IDAC:

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 :

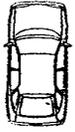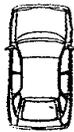If **NO**, Driver Name / Age :　　OI GIA REPORT: **YES**/ NO ; TP GIA REPORT: **YES**/ NO

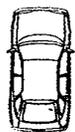Driver Tel No. :　　(V/L: **YES**/ NO)　　Insured Liability : 　%　**Final ? Yes / No**

SMS 8036R ⟶　　⟶　　⟶

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

Date/ Time	SMS 8036R : X	STAGE	DATE / PIC
	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:	

Documentation Check List:	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: S$ (days) Reduction: %　　Email ☐ Call ☐

FINAL SETTLEMENT Date/Time:　　Confirm with　　Email ☐ Cal ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$	
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$** Global Sum S$:	

FINAL PAYMENT Date/Time:　　Confirm with:　　Email ☐ Cal ☐

Payee 1:	S$	Name 1:
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: