

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 23/09/2020Registered in Merimen: 14/09/2020 by wksp**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 7004T

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

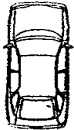
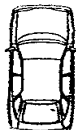
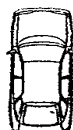
Make / Model : HYUNDAI IONIQ**Excess Sec II :S\$** _____ D.O.A : 10/09/2020 13:15Place of Accident : TELOK BLANGAH ROAD

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

If **NO**, Driver Name / Age : KHENG KOK KEONG (KANG GUOQIANG)

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLR 7432D**INSRS:
WSP: **MOVA**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SLR 7432D - X				
	SHA 7004T - CC2/MIDA10010357/a ; 07/05/2008				
	CC3/III16000516/Kya3q2 ; 07/01/2016				
		STAGE		DATE / PIC	
		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:		☐	
PRELIMINARY ADVICE	Date/Time:	Sent By:			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: P/P	S\$ 1,612.38	(3 days) Reduction: \$526.98	% 25	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 26/03/2021	Confirm with SUANN		Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,725.25	W/GST			
Loss of Rental (LOR):	S\$ 449.40	(3 days) x \$149.80	W/GST	OI MINOR TO MAJOR RD	
Loss of Use (LOU):	S\$ (\$ x days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☒	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	S\$ 7.49				
Medical:	S\$			1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$			3) Survey fee: \$350.00	
Total:	S\$ 2,182.14	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1:	S\$ 2,182.14	Name 1:	MOVA AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			