

ASSIGNMENT

Surveyor:

Taufikh

DOI:

30/09/2020

Date / Time :

30/09/2020

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 4859M**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **29/09/2020**

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****SHD 1137S**INSRS:
WSP: **PREMIER**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 1137S : CC3/MSG17003940/H1vbm2 ; DOA : 23/02/2017	STAGE DATE / PIC
	SHA 4859M : CC4/ASM19003283/K1fb3q2 ; DOA : 19/02/2019	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:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 1,800.00 (4 days) Reduction: 76 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 15.12.2020 Confirm with VINCENT		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia : 100
Repair Cost: w/GST S\$ 1,926.00		
Loss of Rental (LOR)w/GST S\$ 315.00 (5 days) x 63.00		
Loss of Use (LOU): S\$ 250.00 (\$ 50 x 5 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [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: TP
Legal Cost S\$		3) Survey fee: 350.00
Total: S\$ 2,491.00 Global Sum S\$: 2,500.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 2,500.00	Name 1: Premier Automotive Services Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	