

**ASSIGNMENT**

Surveyor:

**Adrian**

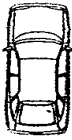
DOI:

**07/10/2020**

Date / Time :

**05/10/2020**

Registered in Merimen:

**05/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 7272K**

Claim No. : \_\_\_\_\_

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

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

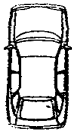
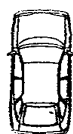
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **25/09/2020**

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****SMJ 6554Y**INSRS:  
WSP: **LEANG**  
Tel : **AUTOMOTIVE**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time				
	SMJ 6554Y : X	<b>STAGE</b>	<b>DATE / PIC</b>	
	SHA 7272K : CC3/QBE19014786/K1ea3 ; DOA : 20/08/2019	Non-Reporting ltr (1st):		
		Non-Reporting ltr (2nd):		
		Non-Reporting ltr (Final):		
		Notification ltr (if non-pickup):		
		Call OI:		
		After call ltr to OI:		
		<b>Documentation Check List:</b>	<b>Handler</b>	<b>Typist</b>
		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"/>
12/11/2020	TP REPAIRER AH LEANG CALL IN TO INFORM THAT THEY HAS PASS THE CASE TO LAWYER FOR HANDLING. SUBMIT WP.	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"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 3000.00	( 4 days) Reduction: 4505.92 % 60	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Cal <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	[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: WP	
Legal Cost	S\$		3) Survey fee: 250.00	
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Cal <input type="checkbox"/>
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		