

ASSIGNMENT

Surveyor:

OSP

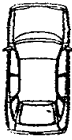
DOI:

07/10/2020

Date / Time :

06/10/2020

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 3648X**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

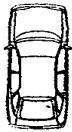
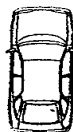
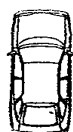
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **02/10/2020**

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****SGF 2824L**INSRS:
WSP: **FORZA**
Tel : **AUTOHAUS**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGF 2824L : X	STAGE DATE / PIC
	SHD 3648X : CS/FCI15016615/R1gbd1 ; DOA : 24/09/2015	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:
Repair Cost: L/S S\$ 850.00 (2 days) Reduction: 65 %		Confirm by: OSP
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04.03.21	Confirm with MIKE
		Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 909.50 OID REAR ENDED TP		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 270.00 (\$ 90 x 3 days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$ -		1) Claim status: Normal/ Reject/Private Settlement
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$350
Total: S\$ 1,186.95	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 04.03.21	Confirm with: MIKE
		Email ☐ Call ☐
Payee 1: S\$ 1,186.95	Name 1: FORZA AUTOHAUS PTE. LTD.	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	