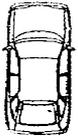


ASSIGNMENT **CC4/FCI20010862/Epa3q2**

Surveyor: **STEVE** DOI: _____ Date / Time : **08.10.2020**
Registered in Merimen: **08.10.2020**

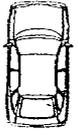
Pre-assign / CCU / FTE



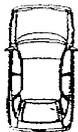
Insured Vehicle No. : **SHD 3039D** Claim No. : **D20004073MFSH**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **D-20094922MFSH**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **06/10/2020 06:50** Place of Accident : **WOODLANDS RING ROAD**
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**

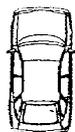
SHB 8971P



INSRS:
WSP: **PREMIER**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 8971P - CC6/III16018388/Uha3s2 - 26/09/2016	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SHD 3039D - CS/FCI15019523/Fvbd1 - 01/11/2015	Notification ltr (if non-pickup):	
	CS/INC09015816/Ch - 14/07/2009	Call OI:	
	CS/LPC15003891/M1vbd1 - 28/02/2015	After call ltr to OI:	
	CS/UOI14001889/H1vu2 - 28/01/2014	Documentation Check List:	Handler Typist
		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"/>
		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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: P/P	S\$ 1,457.12 (3 days) Reduction: 82 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 24/12/2020 Confirm with Shafawati	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100.00 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,559.12		
Loss of Rental (LOR):	S\$ 330.00 (5 days) x \$66.00 (\$70.62 without GST)		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: TP	
Total:	S\$ 2,139.12 Global Sum S\$: 2,100.00	3) Survey fee: \$350.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,100.00 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: _____		