

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 08/10/2020

Registered in Merimen: 08/10/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1422Z

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 12:00

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****FBN 5529L**INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBN 5529L - X	Non-Reporting ltr (1st):	
	SHC 1422Z - CC3/AXA11026300/H1edc1 ; 20/12/2011	Non-Reporting ltr (2nd):	
	CC3/TMI19007634/K1qd3q2 ; 30/04/2019	Non-Reporting ltr (Final):	
	CC4/III19022581/Hps3q2 ; 17/12/2019	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
14/11/2020	Pls refer to Views for details.	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: P/P	S\$ 1,301.10 (3 days) Reduction: 26 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 14/11/2020 Confirm with Raymond	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 1,392.18		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 60.00 (\$ 20 x 3 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
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\$ 1,459.63 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,459.63 Name 1: Ban Hock Hin Co. Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		