

ASSIGNMENTSurveyor: KennethDOI: 13/10/2020Date / Time : 13/10/2020Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 6980RClaim No. : D20002552MFSHName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 24/06/2020

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No**YN 4023MINSRS:
WSP: **K.KIM HIN**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YN 4023M : X	STAGE DATE / PIC
	SHD 6980R : CS3/FCI18014980/Gz4d3s2 ; DOA : 15/08/2018	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: KSC
Repair Cost: L/S S\$ 2,600.00 (5 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.03.22 Confirm with _____	Email ☐ Cal ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost: S\$		survey fee: \$140
Loss of Rental (LOR): S\$ (_____ days)		trip: \$100
Loss of Use (LOU): S\$ (\$ _____ x _____ days)		photo: \$19
Loss of Income (LOI): S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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/WP
Legal Cost S\$		3) Survey fee: \$259
Total: S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Cal ☐
Payee 1: S\$	Name 1: _____	
Payee 2: (Strike if N.A.) S\$	Name 2: _____	
Payee 3: (Strike if N.A.) S\$	Name 3: _____	