

ASSIGNMENT

Surveyor:

Adrian

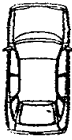
DOI:

26/10/2020

Date / Time :

26/10/2020

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : SHB 6616D

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

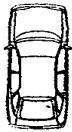
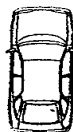
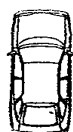
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 20/10/2020

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**SMT 7474KINSRS:
WSP: SK AUTOMOBILE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMT 7474K : X	STAGE
	SHB 6616D : CS/INC20011447/E ; DOA : 25/10/2013	DATE / PIC
		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: LWP
Repair Cost: L/S	S\$ 6,000.00 (7 days) Reduction: 69 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.05.21 Confirm with HUEY LEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S\$ 6,420.00 3VEH CC OID 2ND	
Loss of Rental (LOR):	S\$ - (days)	
Loss of Use (LOU):	S\$ 700.00 (\$ 100 x 7 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 Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -	3) Survey fee: \$600
Total:	S\$ 7,127.45	Global Sum S\$:
FINAL PAYMENT	Date/Time: 06.05.21 Confirm with: HUEY LEE	Email ☐ Call ☐
Payee 1:	S\$ 7,127.45 Name 1: SK AUTOMOBILE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	