

ASSIGNMENT

Surveyor: Kenneth

DOI: 04/11/2020

Date / Time : 02/11/2020

Registered in Merimen: 02/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4744K

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 03/10/2020

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

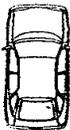
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

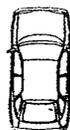
SKZ 7200B



INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKZ 7200B : NA/INC16002386/d2 ; DOA : 05/02/2016		STAGE	DATE / PIC
	SHA 4744K : CS3/III20011163/Qvd3e2 ; DOA : 03/10/2020		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)	<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"/>	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$ \$	(_____ days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	\$ \$			
Loss of Rental (LOR):	\$ \$	(_____ days)		
Loss of Use (LOU):	\$ \$	(\$ _____ x _____ days)		
Loss of Income (LOI):	\$ \$	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>				[Tick only one]
GIA/LTA Search	\$ \$			
Medical:	\$ \$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ \$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	\$ \$			3) Survey fee:
Total:	\$ \$	Global Sum \$ \$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Cal <input type="checkbox"/>	
Payee 1:	\$ \$	Name 1:		
Payee 2: (Strike if N.A.)	\$ \$	Name 2:		
Payee 3: (Strike if N.A.)	\$ \$	Name 3:		