

Surveyor:

Taufikh

DOI:

ASSIGNMENT  
04/11/2020

Date / Time :

03/11/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1250M

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 30/10/2020

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

SKS 7526Z

INSRS:  
WSP: EM-1  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKS 7526Z : X		
	SHA 1250M : CS/FCI14014465/M1gbd1 ; DOA : 22/07/2020	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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
30/03/2021	<p>REJECTION EMAIL TO TP - Based on the video footage, it seems to be that TP is driving straight instead of having the intention to turn left as his vehicle does not seem to have move to the left. MR YEOW TO CHOP + SIGN</p>		
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time: \$4,722.56		Confirm with: \$1,771.52	
Repair Cost: P/P S\$ <del>4,700.50</del> ( 5 days) Reduction: <del>4,755.52</del> % 27		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: S\$		If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): S\$ ( days)			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LC <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$			
Medical: S\$		1) Claim status: Normal/ <input checked="" type="checkbox"/> Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format: REJECT	
Legal Cost S\$		3) Survey fee: <del>320.00</del> 380.00	
Total: S\$		Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with	
Payee 1: S\$		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 2: (Strike if N.A.) S\$		Name 1:	
Payee 3: (Strike if N.A.) S\$		Name 2:	
		Name 3:	

Reject Case  
 By (staff) : Cecilia  
 Approved by : YL  
 Date : 06/07/21