

Surveyor:

Taufikh

DOI:

ASSIGNMENT

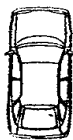
04/11/2020

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 :

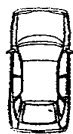
If **NO**, Driver Name / Age :

OI GIA REPORT: YES/ NO ; TP GIA REPORT: YES/ NO

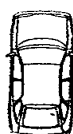
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices	100		
5. Fidelity	100		
6. Cyber Liability	100		
7. Umbrella	100		
8. Commercial Auto	100		
9. Aircraft	100		
10. Watercraft	100		
11. Marine	100		
12. Boiler and Machinery	100		
13. Pollution	100		
14. Trenching and Shoring	100		
15. Construction Defect	100		
16. Construction Pollution	100		
17. Construction Equipment	100		
18. Construction Workers	100		
19. Construction Pollution	100		
20. Construction Equipment	100		
21. Construction Workers	100		
22. Construction Pollution	100		
23. Construction Equipment	100		
24. Construction Workers	100		
25. Construction Pollution	100		
26. Construction Equipment	100		
27. Construction Workers	100		
28. Construction Pollution	100		
29. Construction Equipment	100		
30. Construction Workers	100		
31. Construction Pollution	100		
32. Construction Equipment	100		
33. Construction Workers	100		
34. Construction Pollution	100		
35. Construction Equipment	100		
36. Construction Workers	100		
37. Construction Pollution	100		
38. Construction Equipment	100		
39. Construction Workers	100		
40. Construction Pollution	100		
41. Construction Equipment	100		
42. Construction Workers	100		
43. Construction Pollution	100		
44. Construction Equipment	100		
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89. Construction Equipment	100		
90. Construction Workers	100		
91. Construction Pollution	100		
92. Construction Equipment	100		
93. Construction Workers	100		
94. Construction Pollution	100		
95. Construction Equipment	100		
96. Construction Workers	100		
97. Construction Pollution	100		
98. Construction Equipment	100		
99. Construction Workers	100		
100. Construction Pollution	100		

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				
	SKS 7526Z : X		STAGE	
	SHA 1250M : CS/FCI14014465/M1gbd1 ; DOA : 22/07/2020		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:	
Repair Cost:	S\$ (days)	Reduction: %	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Cal
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only	LOU only	LOR + LOU	[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:	
Legal Cost	S\$		3) Survey fee:	
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:		