

ASSIGNMENT

Surveyor:

MARCUS

DOI:

Date / Time : 04/11/2020

Registered in Merimen: ---

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8487R

Claim No. : D20004474MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II : S\$ D.O.A : 01/11/2020 18:30

Place of Accident : ALONG JLN DATOH

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : ONG LAI CHUAN

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

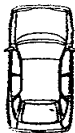
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMJ 3128PINSRS:
WSP: PROGRESSIVE
Tel : CAR CARE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMJ 3128P - X	Non-Reporting ltr (1st):	
	SHC 8487R - CC3/CTI19006239/K1eb3n2 - 06/04/2019	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: P/P	S\$ 6,817.72 (5 days) Reduction: 43 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.4.2021	Confirm with LILY	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 7,294.96		
Loss of Rental (LOR):	S\$ 600.00 (6 days) x \$100.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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
Legal Cost	S\$		3) Survey fee: 500.00
Total:	S\$ 7,894.96	Global Sum S\$: 7,890.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 7,890.00	Name 1:	PROGRESSIVE CAR CARE PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	