

ASSIGNMENTSurveyor: KennethDOI: 11/11/2020Date / Time : 10/11/2020Registered in Merimen: 10/11/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4233C

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/11/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SML 1146PINSRS:
WSP: AUTOEXCEL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SML 1146P : X	STAGE
	SHD 4233C : CC4/III17018564/Gka3q2 ; DOA : 25/09/2017	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:
Repair Cost: L/SUM	S\$ 8,000.00 (4 days) Reduction: 74 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09.02.2021	Confirm with RYAN
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 8,560.00	
Loss of Rental (LOR):	S\$ 1,400.00 (14 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 + LO ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ 9,960.00	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	S\$ 9,960.00	Name 1: AUTOEXCEL ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

1) Claim status: Normal/~~Reject/Private Settle~~2) Report Format: **TP**3) Survey fee: **600.00**