

Surveyor:

Taufikh

DOI:

ASSIGNMENT

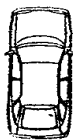
13/11/2020

Date / Time :

11/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6078U

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 31/10/2020

Place of Accident : _____

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

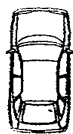
If **NO**, Driver Name / Age :

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

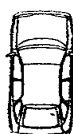
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices	100		
5. Fidelity and Bonding	100		
6. Commercial Automobile	100		
7. Aircraft and Heliport	100		
8. Watercraft	100		
9. Umbrella	100		
10. Other	100		

EY 6000U



INRS:
WSP: **WEARNES**
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	EY 6000U : X	STAGE	DATE / PIC	
	SH 6078U : CC4/AIG20006352/T1da3 ; DOA : 16/06/2020	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)	☐	☐
		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:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	P/P	S\$ 15,620.81 (6 days) Reduction: 15 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time: 06.04.2021	Confirm with: CHRISTINE	Email ☒ Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	W/GST	S\$ 16,714.27		
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 720.00 (\$ 120 x 6 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐	[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: 600.00	
Total:	S\$ 17,434.27	Global Sum S\$:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S\$ 17,434.27	Name 1:	WEARNES AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		