

ASSIGNMENT

Surveyor: Marcus

DOI: 23/11/2020

Date / Time : 23/11/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8158R
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 14/11/2020
 Is driver the owner? (YES **NO**) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

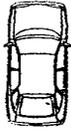
If **NO**, Driver Name / Age :

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

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

Insured Liability : _____ % **Final ? Yes / No**

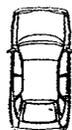
JSL 3207



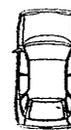
INSRS:
WSP: **EROFIA**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
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RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	JSL 3207 : X	STAGE	DATE / PIC
	SHC 8158R : CS/FCI15021965/Uvbd1 ; DOA : 21/12/2015	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"/>

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 3,500.00 (4 days) Reduction: 80 %		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 26/2/2021 Confirm with LeeLee Tan	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :

Repair Cost: S\$ 3,500.00	
Loss of Rental (LOR): S\$ _____ (_____ days)	
Loss of Use (LOU): S\$ 150.00 (\$ 30 x 5 days)	
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ _____	
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settlement
Disbursement: S\$ _____ (e.g. Tow/Independent)	2) Report Format: TP
Legal Cost S\$ _____	3) Survey fee: 600.00
Total: S\$ 3,650.00 Global Sum S\$: 3,600.00	

FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 3,600.00 Name 1: EROFIA MOTOR TRADING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		