

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **24/11/2020**Date / Time : **24/11/2020**Registered in Merimen: **24/11/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 1192L**

Claim No. : \_\_\_\_\_

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **22/11/2020**

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 / NO

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

Insured Liability : % **Final ? Yes / No****SBJ 61Y**INSRS:  
WSP: **T K LEE**  
Tel : **AUTOMOTIVE**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SBJ 61Y - X</b>	Non-Reporting ltr (1st):	
	<b>SHC 1192L - CC4/AXA10020353/Gq1fr1 ; 22.11.2020</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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 checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
<b>03/02/2021</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>	PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/S</b>	S\$ <b>2,200.00</b> ( <b>5</b> days) Reduction: <b>71.77</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>03/02/2021</b> Confirm with <b>SEBASTIAN</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <b>2,200.00</b>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)	<b>OI reversed and hit TP.</b>	
Loss of Use (LOU):	S\$ <b>250.00</b> (\$ <b>50</b> x <b>5</b> 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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <b>36.45</b>		
Medical:	S\$ _____	1) Claim status: <b>Normal/Reject/Private Settle</b>	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format:	<b>TP</b>
Legal Cost	S\$ _____	3) Survey fee:	<b>\$350.00</b>
<b>Total:</b>	<b>S\$2,486.45</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>2,486.45</b>	Name 1:	<b>T K Lee Automotive Pte Ltd</b>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	