

ASSIGNMENTSurveyor: RASULDOI: 28/12/2020Date / Time : 07/12/2020Registered in Merimen: 07/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SH 8071A

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/12/2020

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****SMT 9057T**INSRS:
WSP:
Tel : **PERFORMANCE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMT 9057T : X	STAGE
	SH 8071A : NS/INC18023128/K1tbn2 ; DOA : 21/12/2018	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	S\$ 2,595.55 (3 days) Reduction: 60.54 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/05/2021	Confirm with MELAINE
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ 2,777.24	
Loss of Rental (LOR) (W/GST)	S\$ 214.00 (2 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\$ 2,991.24	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☐ Call ☐
Payee 1:	S\$ 2,991.24	Name 1: PERFORMANCE MOTORS LIMITED
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: **\$350.00**