

ASSIGNMENT

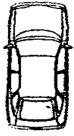
Surveyor: Adrian

DOI: 08/12/2020

Date / Time : 08/12/2020

Registered in Merimen: 08/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6641U
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A : 07/12/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

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

If NO, Driver Name / Age :

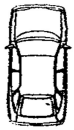
Driver Tel No. :

(V/L: YES / NO)

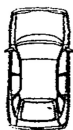
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

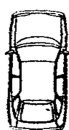
SJS 7710U →



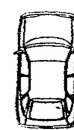
INSRS:
WSP: N-51
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
SJS 7710U : SHD 6641U : NA/INC20013490/z4 ; DOA : 07/12/2020	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)	<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"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: <u>LWP</u>		
Repair Cost: <u>L/S</u> S\$ <u>2,700.00</u> (<u>5</u> days' Reduction: <u>60</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>12.10.21</u> Confirm with <u>MELODY</u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia : _____		
Repair Cost: <u>w/GST</u> S\$ <u>2,889.00</u> <u>OID REAR ENDED TP</u>		
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ <u>420.00</u> (\$ <u>60</u> x <u>7</u> 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 + LC <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ <u>3,316.45</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: <u>12.10.21</u> Confirm with: <u>MELODY</u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>3,316.45</u> Name 1: <u>N-51 AUTOMOTIVE PTE LTD</u>		
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