

ASSIGNMENT

Surveyor: Kenneth

DOI: 15/12/2020

Date / Time : 15/12/2020

Registered in Merimen: 15/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3505A
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 13/12/2020

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

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

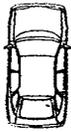
If NO, Driver Name / Age : _____

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

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

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

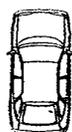
SHC 5834S



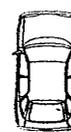
INSRS:
 WSP: **TRANS-CAB**
 Tel : _____
 Liability : _____
 RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
	SHC 5834S : CC3/LCR18016735/Kea3q2 ; DOA : 11/09/2018	
	SHD 3505A : CC6/III15010079/Gna3s2 ; DOA : 10/06/2015	
	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: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Cal <input type="checkbox"/>
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: S\$ _____
Loss of Rental (LOR): S\$ _____ (_____ days)
Loss of Use (LOU): S\$ _____ (\$ x _____ days)
Loss of Income (LOI): S\$ _____ (\$ x _____ days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ _____
Medical: S\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____
Total: S\$ _____ Global Sum S\$:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Cal <input type="checkbox"/>
Payee 1: S\$ _____ Name 1: _____
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____