

Surveyor:

Adrian

DOI:

ASSIGNMENT

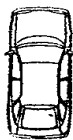
15/12/2020

Date / Time :

15/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7798K

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A :11/12/2020

Place of Accident :

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

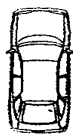
If **NO**, Driver Name / Age :

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

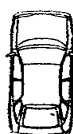
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Marine Liability		
11. Construction Liability		
12. Boiler and Machinery Liability		
13. Pollution Liability		
14. Trenching and Shoring Liability		
15. Other		

SLU 5066A



INRS:
WSP: **N-51**
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SLU 5066A : NA/LIP18003255/z4 ; DOA : 15/02/2018		STAGE	
	SHA 7798K : CC4/ASM19011840/K1pa3q2 ; DOA : 03/07/2019		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:	
			Post-Repair Photos:	
			Others:	
FINALIZATION Date/Time:			Confirm with:	
			Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email Call
FINAL SETTLEMENT Date/Time:			Confirm with	
			Email Cal	
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	LOU only	LOR + LOU	LOR + LOU	[Tick only one]
GIA/LTA Search	S\$			
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$	2) Report Format:		
		3) Survey fee:		
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:			Confirm with:	
			Email Cal	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		