

ASSIGNMENT

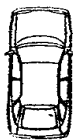
Surveyor: Adrian

DOI: 18/12/2020

Date / Time : 18/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA2937J

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A :14/12/2020

Place of Accident :

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

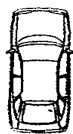
If **NO**, Driver Name / Age :

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

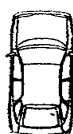
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers	100		
4. Employment Practices Liability	100		
5. Cyber Liability	100		
6. Umbrella	100		
7. Commercial Auto	100		
8. Commercial Property	100		
9. Business Interruption	100		
10. Fidelity and Bond	100		
11. Crime	100		
12. Marine	100		
13. Aviation	100		
14. Watercraft	100		
15. Trenching and Shoring	100		
16. Construction Defect	100		
17. Pollution	100		
18. Boiler and Machinery	100		
19. Equipment Breakdown	100		
20. Fire	100		
21. Theft	100		
22. Vandalism	100		
23. Glass	100		
24. Windstorm	100		
25. Hail	100		
26. Flood	100		
27. Earthquake	100		
28. Nuclear	100		
29. Terrorism	100		
30. War	100		
31. Riots	100		
32. Civil Unrest	100		
33. Nuclear Terrorism	100		
34. Nuclear War	100		
35. Nuclear Terrorism	100		
36. Nuclear War	100		
37. Nuclear Terrorism	100		
38. Nuclear War	100		
39. Nuclear Terrorism	100		
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99. Nuclear Terrorism	100		
100. Nuclear War	100		

SJC 280Z



INSRS:
WSP: TRIDENTE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SJC 280Z : X ; SHA2937J : X		STAGE	
			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 + LO ☐	[Tick only one]			
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: ☐	
Legal Cost	S\$		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:		