

Surveyor:

Marcus

DOI:

ASSIGNMENT

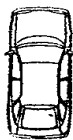
21/12/2020

Date / Time :

18/12/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1130R

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 17/12/2020

Place of Accident :

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

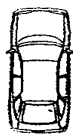
If **NO**, Driver Name / Age :

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

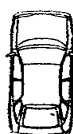
Driver Tel No. : (V/L: **YES** / NO)

Insured Liability :	%	Final ?	Yes / No
1. General Liability	100		
2. Professional Liability	100		
3. Directors and Officers Liability	100		
4. Employment Practices Liability	100		
5. Cyber Liability	100		
6. Umbrella Liability	100		
7. Commercial Auto Liability	100		
8. Watercraft Liability	100		
9. Aircraft Liability	100		
10. Marine Liability	100		
11. Construction Liability	100		
12. Boiler and Machinery	100		
13. Fidelity and Bond	100		
14. Health and Safety	100		
15. Pollution Liability	100		
16. Product Liability	100		
17. Contractual Liability	100		
18. Other	100		

SMM 5904L



INSRS:
WSP:
Tel : CYCLE & CARRIAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMM 5904L : X	STAGE	DATE / PIC
	SHC 1130R : CS/FCI19003564/Kvd3e2 ; DOA : 15/01/2019	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: CKS
Repair Cost:	P/P S\$ 4,037.39 (3 days) Reduction: 60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24.05.21	Confirm with REN	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	w/GST S\$ 4,320.01		OID REAR ENDED TP
Loss of Rental (LOR):	w/GST S\$ 428.00 (4 days) X \$100		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☒ LOR only ☐ LOR + LOU ☐ LOR + LOU ☐	[Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -		1) Claim status: Normal/Reject/Dispute/Settle
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$500
Total:	S\$ 4,755.46	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 24.05.21	Confirm with: REN	Email ☐ Cal ☐
Payee 1:	S\$ 4,755.46	Name 1:	CYCLE & CARRIAGE.FULCO MOTOR DEALER PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	