

ASSIGNMENTSurveyor: OSPDOI: 24/12/2020Date / Time : 23/12/2020Registered in Merimen: 23/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 7221S

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 18/12/2020 20:30

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**SME 9050RINSRS:
WSP: Auburn Auto
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SME 9050R - NS/INC20014303/T1td3 ; 18.12.2020	Non-Reporting ltr (1st):	
	SHD 7221S - CC4/III20000109/Kps3q2 ; 27/12/2019	Non-Reporting ltr (2nd):	
	NS/INC20014303/T1td3 ; 18/12/2020	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
06/10/2021	Pls refer to VIEWS for details.	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 980.00 (2 days) Reduction: 80 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/10/2021 Confirm with Mak	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 980.00	S\$ 490.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU): 240.00	S\$ 120.00 (\$ 60 x 4 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Prints Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$350.00	
Total:	S\$ 610.00 Global Sum S\$: 600.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 600.00 Name 1: Auburn Auto Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		