

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **05/01/2021**Date / Time : **24/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 3508Y**Claim No. : **D20005215MFSH**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **D-20094922MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **Mercedes 220****Excess Sec II :S\$** _____ D.O.A : **18/12/2020 19:00**Place of Accident : **UPP BT TIMAH RD BEFORE CASHEW RD**

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

If **NO**, Driver Name / Age : **TOK HONG SEET**

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

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

Insured Liability : % **Final ? Yes / No****SMT 8461R**INSRS:
WSP: **KAH MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMT 8461E - X	Non-Reporting ltr (1st):	
	SHC 3508Y - CS/TMI15010867/H1vbq2 ; 28.06.2015	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: P/P	S\$ 11,481.32 + (8 days) Reduction: 28 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 21/5/2021 Confirm with DESMOND	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 12,285.00		
Loss of Rental (LOR): W/GST	S\$ 856.00 (8 days) x \$107.00		
Loss of Use (LOU):	S\$ (\$ x 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/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: 600.00	
Total:	S\$ 13,141.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 13,141.00	Name 1: KAH MOTOR CO SDN BERHAD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	