

ASSIGNMENT

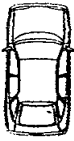
Surveyor:

MARCUSDOI: **06/01/2021**

Date / Time :

06/01/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 6920P**

Claim No. :

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$D.O.A : **03.01.2021**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

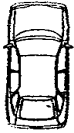
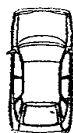
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SLZ 9041T**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 9041T -		
	SHD 6920P -		
	NA/MSG21000087/h4 ; 03/01/2021		
	CC3/AIG16013756/H1ha3q2 ; 22/07/2016		
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
01/07/2021	SETTLED AND CLOSED / NO PHY FILE		
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ 28,000.00 (13 days) Reduction: 60.06 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 25/06/2021 Confirm with SHI YING	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 29,960.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 900.00 (\$ 60 x 15 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\$ _____		
Disbursement:	S\$ 60.00 (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: TP	
Total:	S\$ 30,920.00 Global Sum S\$: 28,500.00	3) Survey fee: \$350.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ 28,500.00 Name 1: FASTECH AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		