

ASSIGNMENTSurveyor: KennethDOI: 11/01/2021Date / Time : 11/01/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SH 9218M

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SLE 5430R**INSRS:
WSP: **KUM CHEW**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLE 5430R : X	STAGE DATE / PIC
	SH 9218M : CS3/FCI19019856/Gqd3s2 ; DOA : 05/09/2019	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:
Repair Cost: L/SUM S\$ 5,650.00 (4 days) Reduction: 25 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 10/02/2022	Confirm with MDM LIM	Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 6,045.50		
Loss of Rental (LOR): S\$ 2,516.00 (17 days) x \$148.00		
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 Settlement
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: 350.00
Total: S\$ 8,561.5	Global Sum S\$: 8,500.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 8,500.00	Name 1: KUM CHEW MOTOR WORKSHOP	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	