

ASSIGNMENT

Surveyor: LTG DOI: 21/01/2021 Date / Time : 21/01/2021

Registered in Merimen: -

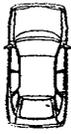
Pre-assign / CCU / FTE



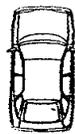
Insured Vehicle No. : SH 9940K Claim No. : _____
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 18/01/2021 Place of Accident : _____
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

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**

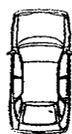
SMT 5100C



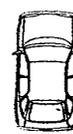
INSRS:
WSP:
Tel : TEAM AUTOPRO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMT 5100C : X	Non-Reporting ltr (1st):	
	SH 9940K : CS/FC117000697/h3 ; DOA : 06/01/2017	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
<u>01/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **P/P** S\$ **5,100.00** (**5** days) Reduction: **66.05** % Email Call

FINAL SETTLEMENT Date/Time: 24/06/2021 Confirm with ADEL Email Call
 If NO or B 28, Ass. Lia : _____

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**
 Repair Cost: (W/GST) S\$ **5,457.00**
 Loss of Rental (LOR): S\$ **650.00** (**5** days) x \$130.00

Loss of Use (LOU): S\$ (\$ x days)
 Loss of Income (LOI): S\$ (\$ x days)
 LOR only LOU only LOR + LOU LOR + LOU [Tick only one]

GIA/LTA Search S\$ **7.45**
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____
Total: S\$ 6,114.45 Global Sum S\$: 6,000.00
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: **\$350.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **6,000.00** Name 1: **TEAM AUTOPRO PTE LTD**
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____