

**ASSIGNMENT**

Surveyor: MARCUS

DOI: 25/01/2021

Date / Time : 25/01/2021

Registered in Merimen: 25/01/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHD 3504C

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 16/12/2020

Place of Accident : \_\_\_\_\_

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

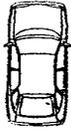
If NO, Driver Name / Age : \_\_\_\_\_

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

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

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

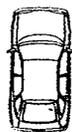
**GBE 7844K**



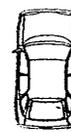
INSRS:  
WSP: CHOO MOTOR  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBE 7844K : X	SHD 3504C : CS/TMI17010851/H1qh3n2 ; DOA : 02/06/2017	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
		Others:	<input type="checkbox"/>	<input type="checkbox"/>

<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S S\$ 3,300.00 ( 5 days) Reduction: \$24,323.40 % 88		Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: <u>15/06/2021</u> Confirm with <u>JENNY</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :

Repair Cost: S\$ 3,300.00	
Loss of Rental (LOR): S\$ ( days)	
Loss of Use (LOU): S\$ 300.00 (\$ 60 x 5 days)	
Loss of Income (LOI): S\$ (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$	
Medical: S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent )	2) Report Format: TP
Legal Cost S\$	3) Survey fee: \$600.00

<b>Total:</b> S\$ 3,600.00	<b>Global Sum S\$:</b>
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<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 3,600.00	Name 1: <u>CHOO MOTOR SPRAY PAINTER</u>	

Payee 2: (Strike if N.A.) S\$	Name 2:
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Payee 3: (Strike if N.A.) S\$	Name 3:
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