

ASSIGNMENTSurveyor: **MARCUS**DOI: **16/02/2021**Date / Time : **16/02/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 4218Y**

Claim No. : _____

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

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/02/2021**

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)** / NODriver Tel No. : _____ (V/L: **(YES)** / NO)Insured Liability : _____ % **Final ? Yes / No****SFU 6416M**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFU 6416M : X	STAGE DATE / PIC
	SHD 4218Y : CS/FCI18013589/Nvbs2 ; DOA : 19/07/2018	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
26/03/2021	Pls refer to VIEWS for details.	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: 1/sum	S\$ 2,800.00 (3 days) Reduction: 67 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/03/2021 Confirm with Shi Ying	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 2,996.00	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 240.00 (\$ 80 x 3 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 Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$350.00
Total:	S\$ 3,236.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 3,236.00 Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	