

Surveyor:

Kenneth

DOI: 04/03/2021

ASSIGNMENT

Date / Time : 03/03/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7133L

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model : _____

Excess Sec II :\$\$ D.O.A : 04/02/2021

Place of Accident :

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

If **NO**, Driver Name / Age :

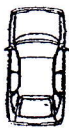
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Commercial Auto Liability		
8. Watercraft Liability		
9. Aircraft Liability		
10. Marine Liability		
11. Construction Liability		
12. Boiler and Machinery		
13. Fidelity and Bond		
14. Health and Welfare		
15. Life Insurance		
16. Disability Income		
17. Pension Plans		
18. Other Insurance		

EC 3000E



INRS:
WSP: HENDERSON
Tel : MOTORS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE		DATE / PIC	
	EC 3000E : NS/INC21001914/T1td3q2 ; DOA : 04/02/2021		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:		☐	☐
19/04/2021	REJECTION EMAIL TO TP - TP ENCROACHED INTO OI LANE. MR YEW TO CHOP + SIGN					
PRELIMINARY ADVICE Date/Time: Sent By:						
FINALIZATION Date/Time: Confirm with: Confirm by:						
Repair Cost:	L/S	S\$ 1100.00	(4 days; Reduction: 605.00	% 35	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐						
Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LC ☐	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle				
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$	2) Report Format:				
Total:		S\$	Global Sum S\$:		3) Survey fee:	
Reject \$350/-						
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐						
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				