

ASSIGNMENT

CC4/ASM21006816/Bpa3

Surveyor: MR LIMDOI: 18/06/2021Date / Time : 18/06/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHB 6213HClaim No. : S1M03BZYName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2419138

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : 16/06/2021

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 / NoPC 5148U

INSRS:

WSP: TEAM AUTOPROTel : PTE LTD

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 5148U - X		
	SHB 6213H - CC3/AIG15005099/H1pm3s2 ; 23/03/2015	Non-Reporting ltr (1st):	
	CC4/III18022325/R1fa3q2 ; 10/12/2018	Non-Reporting ltr (2nd):	
	CC6/III18013320/Uhb3q2 ; 21/07/2018	Non-Reporting ltr (Final):	
	CS/DAI14022772/M1tbd1 ; 04/12/2014	Notification ltr (if non-pickup):	
	NS/INC10019485/Dn ; 28/09/2010	Call OI:	
	NS/INC18022313/K1sbn2 ; 10/12/2018	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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>7,050.00</u> (<u>5</u> days) Reduction: <u>64</u> %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>18/05/2022</u> Confirm with <u>Adel</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>7,543.50</u>		
Loss of Rental (LOR):	S\$ <u>1,520.00</u> (<u>8</u> days) <u>x\$190.00</u>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒	LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$	1) Claim status: Normal/Reject/Prints/Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$	3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>9,070.95</u> Global Sum S\$: 9,000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>9,000.00</u> Name 1: <u>Team AutoPro Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		