

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 22/07/2021

Date / Time : 22/07/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2912E

Claim No. : S1M03E3G

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2419138

Insured Tel No. : _____

HP: _____

Make / Model : Hyundai Ae ioniq

Excess Sec II : S\$

D.O.A : 18/07/2021 21:15

Place of Accident : Sentosa Gateway, Singapore

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

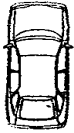
(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

SMQ 9049H



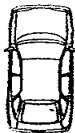
INSRS:

WSP: HUA MENG

Tel :

Liability :

RMKS:



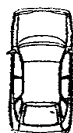
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 9049H - X	Non-Reporting ltr (1st):	
	SHA 2912E -CC3/AIG12012470/H1k1a3y ; 23/06/2012	Non-Reporting ltr (2nd):	
	CS/RSI14016169/H1gbk3 ; 25/08/2014	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
27/10/2021	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cos	Repair Range S\$: \$5K - \$6K (5 days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% (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 + LOI ☐ [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: PRI	
Legal Cost	S\$	3) Survey fee: \$100.00	
Total:	S\$ Global Sum S\$:		
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:		