ASSIGNMENT

Surveyor: __ADRIAN__   DOI: __28/10/2021__   Date / Time : __28/10/2021__

Registered in Merimen: _____
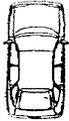
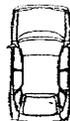**Pre-assign / CCU / FTE**
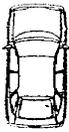
Insured Vehicle No. :	SHA 6046D	Claim No. : S1M03KWR
Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. : P2419138
Insured Tel No. :	_____ HP: _____	Make / Model : Hyundai I40
Excess Sec II :S$	_____ D.O.A : 27/10/2021 12:30	Place of Accident : CTE, Singapore

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

If **NO**, Driver Name / Age : ANG KIM HEE

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

Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

GBK 8255Y   → _____ → _____ _____ → _____

INSRS:	INSRS:		INSRS:	INSRS:
WSP: NHT	WSP:		WSP:	WSP:
Tel :	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time		
	GBK 8255Y - X	**STAGE** **DATE / PIC**
	SHA 6046D - CC3/AIG15001717/Drm3q2; 27/01/2015	Non-Reporting ltr (1st):
	CS/FCI18003789/Kqd3n2; 20/11/2017	Non-Reporting ltr (2nd):
	CS3/FCI15001769/Rgbk3; 27/01/2015	Non-Reporting ltr (Final):
	NBA/AIG15001652/e1; 27/01/2015	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: ☐

PRELIMINARY ADVICE   Date/Time: _____   Sent By: _____   Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION   Date/Time: _____   Confirm with: _____   Confirm by: _____

Repair Cost: L/sum   S$ 10,500.00   (12 days)   Reduction: 55 %   Email ☐   Call ☐

FINAL SETTLEMENT   Date/Time: 24/06/2022   Confirm with Sukyi   Email ✔   Call ☐

Final Liability: % 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST S$ 11,235.00		
Loss of Rental (LOR): S$ _____ (____ days)		
Loss of Use (LOU): S$ 1,500.00 ($ 100 x 15 days)		
Loss of Income (LOI): S$ _____ ($ __ x __ days)		
LOR only ☐ LOU only ☐ LOR + LOU ✔ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search S$ 7.45		
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$ 12,742.45   **Global Sum S$:** 12,000.00

FINAL PAYMENT   Date/Time: _____   Confirm with: _____   Email ✔   Call ☐

Payee 1: S$ 12,000.00	Name 1:	NEW HOCK TECK MOTOR PTE LTD
Payee 2: (Strike if N.A.) S$	Name 2:	
Payee 3: (Strike if N.A.) S$	Name 3:	