

ASSIGNMENTSurveyor: **Marcus**DOI: **24/12/2021**Date / Time : **24/12/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 5709G**Claim No. : **S1M03OZX**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **VFX/P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **18/12/2021**Place of Accident : **YISHUN CENTRAL & YISHUN AVENUE 11 JUNCTION**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****SLJ 6740M**INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLJ 6740M : X	STAGE DATE / PIC
	SHA 5709G : CS3/FCI15004586/T1qy3k3 ; DOA : 09/03/2015	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	CLAIMANT: PHUA SIYIN	Call OI:
		After call ltr to OI:
	TPV: HONDA JAZZ - 1498cc	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/S	S\$ 4000.00 (5 days) Reduction: \$7,757.60 % 66	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/02/2022 Confirm with SHI YING	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,280.00 W/GST	
Loss of Rental (LOR):	S\$ 700.00 (7 days) x \$100	
Loss of Use (LOU):	S\$ (\$ x 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\$ 4,980.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 4,980.00 Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	