

**ASSIGNMENT**

Surveyor: **ADRIAN** DOI: **17/01/2022** Date / Time : **14/01/2022**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SHA 4135T** Claim No. : **S2M03R2P**  
Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2419138**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **13.01.2022** 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**

**SLC 9585L**



INSRS:  
WSP: **MG SOLUTION**  
Tel : **PTE LTD**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SLC 9585L - X</b>	Non-Reporting ltr (1st):	
	<b>SHA 4135T - NS/INC21010660/Vucn2 ; 05.10.2021</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>L/sum</b> S\$ <b>3,500.00</b> ( <b>5</b> days) Reduction: <b>54</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>27/04/2022</b> Confirm with <b>Ms Wong</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>		If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>3,745.00</b>			
Loss of Rental (LOR): S\$ _____ ( _____ days)			
Loss of Use (LOU): S\$ <b>350.00</b> (\$ <b>50</b> x <b>7</b> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>7.45</b>			
Medical: S\$ _____		1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$ _____		3) Survey fee: <b>\$350.00</b>	
<b>Total:</b> S\$ <b>4,102.45</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>4,102.45</b>	Name 1: <b>MG Solution Pte Ltd</b>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		