

ASSIGNMENT

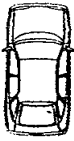
Surveyor:

KENNETH

DOI:

Date / Time : **17/01/2022**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 7116M**Claim No. : **S2M03R31**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : _____

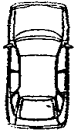
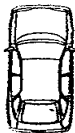
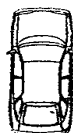
Excess Sec II :S\$D.O.A : **13/01/2022 07:50**Place of Accident : **Tuas South Ave 2, Singapore**

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

If NO, Driver Name / Age : **ANG BENG CHUAN**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SMA 6341S**INSRS:
WSP: **CAR TIMES**
Tel : **AUTOLUTION**
Liability: **PTE LTD**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMA 6341S - X	STAGE	DATE / PIC
	SHD 7116M - CS3/ASM21005038/Gqce2; 10/04/2021	Non-Reporting ltr (1st):	
	CS3/ASM21005038/Gqce2-1; 10/04/2021	Non-Reporting ltr (2nd):	
	NS/INC18002191/K1qbn2; 01/02/2018	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>			[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:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	