

ASSIGNMENT

Surveyor: Marcus

DOI: 18/01/2022

Date / Time : 18/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4498R

Claim No. : S2M03R23

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : VFX/P2419138

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/01/2022

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**

JTE 5013



INSRS: _____
WSP: EROFIA MOTOR
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	JTE 5013 : X		
	SHB 4498R : CC3/AIG10006306/Fa2e2q2 ; DOA : 29/03/2010	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		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"/> <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"/>
	TPV: YAMAHA Y15ZR - 150cc	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: <input type="checkbox"/>	<input type="checkbox"/>
			Others: <input type="checkbox"/>	<input type="checkbox"/>

FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ 1800.00	(4 days) Reduction: \$3,267.10	64 Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time: 30/06/2022	Confirm with LEE LEE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :

Repair Cost:	S\$ 1,620.00	(AXA'S INSTRUCTION)	
Loss of Rental (LOR):	S\$ _____	(_____ days)	(OI DRIVE STRAIGHT ON A LEFT TURN ONLY LANE, TP TURNING LEFT ON A DRIVE STRAIGHT/ TURN LEFT LANE)
Loss of Use (LOU):	S\$ 80.00	(\$ 20 x 4 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 + LO <input type="checkbox"/> [Tick only one]	

GIA/LTA Search	S\$ _____	
Medical:	S\$ _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ _____	(e.g. Tow/ Independent) 2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$350.00

Total:	S\$ 1,700.00	Global Sum S\$:	
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FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,700.00	Name 1: EROFIA MOTOR TRADING PTE LTD	

Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____