

ASSIGNMENT

Surveyor: **RASUL** DOI: **14/02/2022** Date / Time : **14/02/2022**
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHD 7027L** Claim No. : **S2M03T5Q**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **10/02/2022 18:25** 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**

SNA 9755A



INSRS: _____
WSP: **NINETEEN AUTOWERKS**
Tel : _____
Liability: **PTE. LTD.**
RMKS: _____



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



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



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

Date/ Time	SNA 9755A - X	SHD 7027L - X	STAGE	DATE / PIC
			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"/>
			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"/>
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/sum S\$ 3,350.00 (5 days) Reduction: 69 %			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 29/04/22 Confirm with Vessie			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 3,350.00				
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 <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ 7.45				
Medical: S\$			1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$			3) Survey fee: \$350.00	
Total: S\$ 4,057.45	Global Sum S\$: 4,000.00			
FINAL PAYMENT Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 4,000.00	Name 1:	Nineteen Autowerks Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			