

Surveyor:

Adrian

DOI:

ASSIGNMENT

03/03/2022

Date / Time :

02/03/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3085U

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 02/03/2022

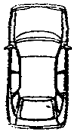
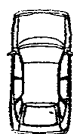
Place of Accident : _____

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

If NO, Driver Name / Age :

OI GIA REPORT: **YES** NO ; TP GIA REPORT: **YES** NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No**

SMQ 1730B

INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMQ 1730B : X	STAGE
	SHD 3085U : CC3/LCR18009737/K1ja3q2 ; DOA : 25/05/2018	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:
		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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S S\$ 6,300.00 (6 days) Reduction: 46 %		Confirm by: LWP
FINAL SETTLEMENT	Date/Time: 06.05.22	Confirm with: SUKYI
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		Email ☐ Call ☐
Repair Cost: S\$ 6,300.00		
Loss of Rental (LOR): S\$ 600.00 (6 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\$ 7.45		
Medical: S\$ -		
Disbursement: S\$ - (e.g. Tow/ Independent)		
Legal Cost S\$ -		
Total: S\$ 6,907.45		Global Sum S\$: 6,900.00
FINAL PAYMENT	Date/Time: 06.05.22	Confirm with: SUKYI
Payee 1: S\$ 6,900.00	Name 1: SM AUTOMOTIVE	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

OID REAR ENDED TP

1) Claim status: Normal/~~Reject/Private Settle~~2) Report Format: **TP**3) Survey fee: **\$350**