

ASSIGNMENTSurveyor: MARCUSDOI: 21/03/2022Date / Time : 17/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHC 8732HClaim No. : S2M03VQVName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : P2465679

Insured Tel No. : _____ HP: _____

Make / Model : Hyundai I40Excess Sec II :\$ _____ D.O.A : 12/03/2022 19:55Place of Accident : BUKIT BATOK CRESCENT

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

If NO, Driver Name / Age : GOH LYE WHATT

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJB 3141CINSRS:
WSP: Focus Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJB 3141C - X</u>	Non-Reporting ltr (1st):	
	<u>SHC 8732H - CC4/III16013495/Kpb3q2; 17/07/2016</u>	Non-Reporting ltr (2nd):	
	<u>CC4/III16017836/Geb3s2; 12/09/2016</u>	Non-Reporting ltr (Final):	
	<u>NA/INC09005979/r; 06/03/2009</u>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>CKS</u>		
Repair Cost: <u>L/S</u>	\$S <u>1,500.00</u> (<u>3</u> days) Reduction: <u>46</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>27.05.22</u> Confirm with <u>JENNY</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9d</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S <u>1,605.00</u>	<u>OID MAKE A LEFT TURN INTO MAIN ROAD HIT TP</u>	
Loss of Rental (LOR):	\$S <u>-</u> (_____ days)		
Loss of Use (LOU):	\$S <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)		
Loss of Income (LOI):	\$S <u>-</u> (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S <u>7.45</u>		
Medical:	\$S <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S <u>-</u>	3) Survey fee: <u>\$350</u>	
Total:	\$S <u>1,762.45</u> Global Sum \$S: <u>1,760.00</u>		
FINAL PAYMENT	Date/Time: <u>27.05.22</u> Confirm with: <u>JENNY</u>	Email ☐	Call ☐
Payee 1:	\$S <u>1,760.00</u> Name 1: <u>FOCUS AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		