

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

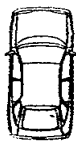
05/05/2022

Date / Time :

4/5/22

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8061D

Claim No. : S2M03ZYC

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 4/5/22 11:30

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

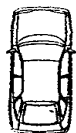
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBK 5854M



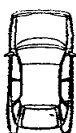
INSRS:

WSP: SM

Tel : AUTOMOTIVE

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			
	GBK 5854M - X	STAGE	DATE / PIC
	SH 8061D - CC4/III15011428/K1ya3q2; 07/07/2015	Non-Reporting ltr (1st):	
	CC4/III17002266/T1yb3q2; 21/01/2017	Non-Reporting ltr (2nd):	
	CS/III18007994/Arbs2; 25/04/2018	Non-Reporting ltr (Final):	
	CS/MSG20005090/Dtf3e2; 06/04/2020	Notification ltr (if non-pickup):	
	CS3/III13012030/Etu2; 30/06/2013	Call OI:	
	NA/INC13011833/e1; 01/07/2013	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:	☐ ☐
	TPV: NISSAN NV200	PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S\$ 5900.00	(7 days) Reduction: 15050.05%	72 Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/06/2022	Confirm with SUKYI	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S\$ 6,313.00	W/GST	
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 640.00 (\$ 80 x 8 days)		C.C (OI 2ND)
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ 70.00	(e.g. ☒ Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 7,030.45	Global Sum S\$: 7,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 7,000.00	Name 1: SM AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	