

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **10/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHB 6381E**Claim No. : **S2M040DJ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **04/05/2022 07:50**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

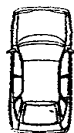
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SHB 6381E****SJJ 3106M****SKL3801S**

INSRS:

WSP:

Tel :

Liability :

RMKS:

OI

INSRS:

WSP:

Tel :

Liability :

RMKS:

**AUTO UNITED****SG****TP**

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		
	SJJ 3106M - NS/INC11008819/H1vn ; 10.05.2011	STAGE
	SHB 6381E - CC4/III16016614/R1eb3q2 ; 28/08/2016	DATE / PIC
	CS/FCI15012321/M1tbd1; 17/07/2015	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) ☐ ☐
		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: _____		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM S\$ 10,000.00 (12 days) Reduction: 56 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 15/03/2023 Confirm with Apple		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100
Repair Cost: S\$ 10,000.00		
Loss of Rental (LOR): S\$ 1,400.00 (14 days) X \$100.00		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 38.45		
Medical: S\$		1) Claim status: Normal/ Reject/Partial Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$350.00
Total: S\$ 11,438.45 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 11,438.45 Name 1: AUTO UNITED SG PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		