

ASSIGNMENT

Surveyor:

MARCUSDOI: **17/05/2022**Date / Time : **17/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3757E**Claim No. : **S2M0415X**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40****Excess Sec II :S\$** _____ D.O.A : **13/05/2022 20:05**Place of Accident : **SLE (BEFORE MANDAI ROAD EXIT)**

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

If NO, Driver Name / Age : **TAN CHIA JUI**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMH 6734E**

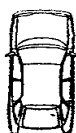
INSRS:

WSP: **FASTECH**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMH 6734E - X	Non-Reporting ltr (1st):	
	SHA 3757E - CS/FCI19004147/Atd3n2; 01/03/2019	Non-Reporting ltr (2nd):	
	CS/INC08028389/Scz1; 09/10/2008	Non-Reporting ltr (Final):	
	NA/AIC08026910/p1; 02/10/2008	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	☐ ☐
	TPV: T.CHR - 1197cc	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: LS	S\$ 6000.00 (5 days) Reduction: 28,030.20% 82	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01/07/2022 Confirm with SHI YING	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,420.00 W/GST		
Loss of Rental (LOR):	S\$ 500.00 (5 days) x \$100		
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\$		
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 6,920.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 6,920.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	