

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **23/05/2022**Date / Time : **23/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 7815U**Claim No. : **S2M041TN**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **22/05/2022 16:11**Place of Accident : **CHANGI AIRPORT TERMINAL 3 - TAXI QUEUE/DRIVEWAY**

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****SHC 6903U**INSRS: **Premier Automotive Services**
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
SHC 6903U -	CC3/III16004898/Fhg3s2 05/08/2016 SKQ 5715T SHC 6903U 13/03/2016 08/08/2016 LSH1	Non-Reporting ltr (1st):
	NJA/TIC08031777/k1 02/12/2008 ABDUL AZIZ BIN AMAT YK 7714Z SHC 6903U 01/12/2008 22/12/2008 LTL	Non-Reporting ltr (2nd):
SHA 7815U -	CC6/III20003620/Ubs3q2 07/12/2020 SLD 1707A SHA 7815U 05/03/2020 08/12/2020 LSL1	Non-Reporting ltr (Final):
	CS/TP12011931/Ky1 25/06/2012 SHD 2621D SHA 7815U 12/05/2012 02/07/2012 SRB	Notification ltr (if non-pickup):
	NA/HSB10000508/r 09/01/2010 CHONG NGAK KWANG SJL 8805K SHA 7815U 09/01/2010 11/01/2010 LCH	After call ltr to OI:
	NA/INC10006643/w1 23/03/2010 CHONG AH JOO SFG 5396P SHA 7815U 23/03/2010 30/03/2010 LCH	
	NA/LIP20003632/h4 05/03/2020 SOH POH JIN SLD 1707A SHA 7815U 05/03/2020 10/03/2020 LSP	
	NS/INC10006960/Fr1 06/05/2010 SHA 7815U SJE 754M 08/04/2010 13/05/2010 TCT	
		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: _____	
Repair Cost: LS	S\$ \$2,800.00 (3 days) Reduction: \$2,805.10% 50	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/06/2022 Confirm with VINCENT	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 26b	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S\$ 2,996.00 W/GST	
Loss of Rental (LOR):	S\$ 234.33 (3 days) x 78.11	
Loss of Use (LOU):	S\$ (\$ x days)	C.C
Loss of Income (LOI):	S\$ 120.00 (\$ 40 x 3 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\$ 3,350.33 Global Sum S\$: 3,350.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	S\$ 3,350.00 Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	