

ASSIGNMENT

13/06/2022

Surveyor:

LWP

DOI:

Date / Time : 7/6/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3844X

Claim No. : S2M043C5

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 04/06/2022 20:25

Place of Accident : ORCHARD BOULEVARD OUTSIDE
ION PICK-UP POINT

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. :

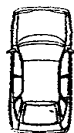
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJZ 4272A



INSRS:

WSP: SM

Tel : AUTOMOTIVE

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJZ 4272A	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
NA/CTI21005710/13 11/05/2021 NG KIAN SHENG SJZ 4272A FBP 2926H 10/05/2021 21/05/2021 RBW		Non-Reporting ltr (1st):	
NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH		Non-Reporting ltr (2nd):	
SHD 3844X	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting ltr (Final):	
NA/CTI22005373/T 06/06/2022 NG KIAN SHENG SJZ 4272A SHD 3844X 04/06/2022 MTH		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:

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S\$ 2,500.00	(3 days) Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/03/2023	Confirm with Sukyi	Email ☒ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 7% GST	S\$ 2,675.00		
Loss of Rental (LOR):	S\$ 200.00	(2 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\$ 7.45		
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\$ 2,882.45	Global Sum S\$: 2,880.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 2,880.00	Name 1: SM Automotive	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	