

ASSIGNMENTSurveyor: **ADRIAN**DOI: **20/06/2022**Date / Time : **17/06/2022 - > 22/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 6846X**Claim No. : **S2M044CG**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465714**

Insured Tel No. : _____ HP: _____

Make / Model : _____

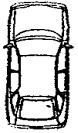
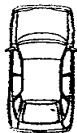
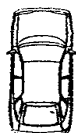
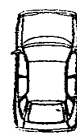
Excess Sec II :S\$ _____ D.O.A : **15/06/2022 09:10**Place of Accident : **ECP**

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

If **NO**, Driver Name / Age : **KWAN KOK WAI**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SMY 9939Y**INSRS:
WSP: **Teamwork**
Tel : **Garage**
Liability: **Pte Ltd**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMY 9939Y - X	SHD 6846X - X	STAGE	DATE / PIC
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: L/SUM	S\$ 10,000.00 (10 days) Reduction: 49 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 05/12/2022 Confirm with HONG JUN	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100		
Repair Cost: w/GST	S\$ 10,700.00			
Loss of Rental (LOR):	S\$ _____ (_____ days)			
Loss of Use (LOU):	S\$ 600.00 (\$ 50 x 12 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\$ 11,307.45	Global Sum S\$: 11,300.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 11,300.00	Name 1:	TEAMWORK GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		