

**ASSIGNMENT**

Surveyor:

**KENNETH**

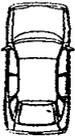
DOI:

**28/06/2022**

Date / Time :

**28/06/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 4750B**Claim No. : **S2M045AN**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **VFX/P2419138**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

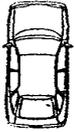
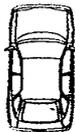
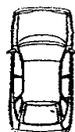
Make / Model : **Hyundai Ae ioniq**Excess Sec II : S\$ \_\_\_\_\_ D.O.A : **25/06/2022 23:50**Place of Accident : **PIE, Singapore**

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

If NO, Driver Name / Age : **LAU HUNG TECK**

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

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

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SMK 7855S****SHD 4750B****SMV 9501S**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **TP**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SMV 9501S - X</b>		
	<b>SHD 4750B - CC3/FC115013372/Kqbc2 ; 06.03.2015</b>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/SUM</b>	S\$ <b>3,400.00</b> ( <b>5</b> days) Reduction: <b>59</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>17/11/2022</b> Confirm with <b>STEVEN</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia : <b>0</b>	
Repair Cost: <b>w/GST</b>	S\$ <b>3,638.00</b>		
Loss of Rental (LOR):	S\$ <b>720.00</b> ( <b>6</b> days) x \$120		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <b>7.45</b>		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$350.00</b>	
<b>Total:</b>	S\$ <b>4,365.45</b> <b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>4,365.45</b> Name 1: <b>THIAM HENG HUAT PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		