

ASSIGNMENT

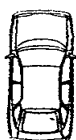
Surveyor:

KENNETH

DOI:

Date / Time : **01.07.2022**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SH 9052Z**Claim No. : **S2M045OV**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **29/06/2022 07:30**Place of Accident : **BRADDELL ROAD SLIP ROAD TO
UPPER SERANGOON**

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****SML 4115J**INSRS:
WSP: **Thiam Heng**
Tel : **Huat Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SML 4115J - X			
SH 9052Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Acc No. Date Closed Date Created By			
CC3/AIG13003348/H1g2t2y 21/03/2013 SH 9052Z SFU 3421S 10/02/2018 25/03/2013 SBS			
CC3/III16017844/R1yg3q2 16/01/2017 SKM 9606U SH 9052Z 17/09/2018 07/10/2017 LSH1			
CC4/III17006796/R1pa3q2 18/09/2017 SKT 2220H SH 9052Z 04/04/2018 19/09/2017 HKK			
CS/III12008775/T1qn 27/06/2012 SKC 6935S SH 9052Z 07/01/2012 19/06/2012 SSC			
CS/III12013670/Aqn 07/08/2012 SJS 5936Z SH 9052Z 07/07/2012 10/08/2012 SSC			
NA/MSG14014320/r3 30/07/2014 MOHD TELANI BIN ALI FN 2222T SH 9052Z 26/07/2014 07/08/2014 RBW			
NS/INC11005730/H1fg1 02/05/2011 SH 9052Z SGF 1512T 27/03/2014 29/04/2011 LPY			
	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:	☐	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email ☐ Call ☐			
Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____			
Repair Cost: S\$ _____			
Loss of Rental (LOR): S\$ _____ (_____ days)			
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\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost S\$ _____	2) Report Format:		
	3) Survey fee:		
Total: S\$ _____ Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐			
Payee 1: S\$ _____ Name 1: _____			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			