

ASSIGNMENT

Surveyor:

ADRIAN

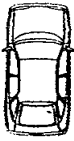
DOI:

26/07/2022

Date / Time :

26/07/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 2505Y**Claim No. : **S2M047GR**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/07/2022 14:40**Place of Accident : **PIE GOING TOWARDS ADAMS ROAD**

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

If **NO**, Driver Name / Age :

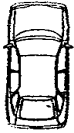
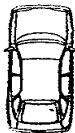
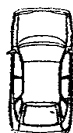
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SGD 1321M**INSRS:
WSP: **TWINCAR**
Tel : **AUTOMOTIVE**
Liability: **PTE LTD**
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
SGD 1321M -	NA/INC11013955/c2	15/07/2011	IVY POON YEN-YEN	SGD 1321M YM 2559C	13/07/2011	20/07/2011	SW	Non-Reporting ltr (1st):	
SHA 2505Y -	NA/INC18621911/Cz4	05/12/2018	LEE KOK WEE	SGD 1321M FBJ 2104U	01/12/2018	14/12/2018	FTZ	Non-Reporting ltr (2nd):	
	CC3/AIG08005221/Vtn	23/01/2008	SHA 2505Y	SGX 6921T	28/12/2007	23/01/2008	HN	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)	<input type="checkbox"/>
								After call ltr to OI:	<input type="checkbox"/>
								Authorisation To Act:	<input type="checkbox"/>
								Release Voucher:	<input type="checkbox"/>
								Final Repair Bill:	<input type="checkbox"/>
								Car Rental Invoice:	<input type="checkbox"/>
								Towing Invoice	<input type="checkbox"/>
								LTA / GIA :	<input type="checkbox"/>
								Medical Bill:	<input type="checkbox"/>
								PIR:	<input type="checkbox"/>
								Mandate/Reject Instruction:	<input type="checkbox"/>
								LOD	<input type="checkbox"/>
								Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:							Post-Repair Photos:	<input type="checkbox"/>
								Others:	<input type="checkbox"/>
FINALIZATION	Date/Time:							Confirm by:	
Repair Cost:	S\$		(days)	Reduction:	%		Email	<input type="checkbox"/>
								Call	<input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:							Email	<input type="checkbox"/>
								Call	<input type="checkbox"/>
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	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input type="checkbox"/>	[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:	
Legal Cost	S\$							3) Survey fee:	
Total:	S\$							Global Sum S\$:	
FINAL PAYMENT	Date/Time:							Email	<input type="checkbox"/>
								Call	<input type="checkbox"/>
Payee 1:	S\$		Name 1:						
Payee 2: (Strike if N.A.)	S\$		Name 2:						
Payee 3: (Strike if N.A.)	S\$		Name 3:						