

ASSIGNMENTSurveyor: **ADRIAN**DOI: **12/08/2022**Date / Time : **11/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 1215E**Claim No. : **S2M048J0**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai Ae ioniq**Excess Sec II :\$ _____ D.O.A : **09/08/2022 16:00**Place of Accident : **Sengkang E Dr, Singapore**

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

If NO, Driver Name / Age : **ANG WEI JIE**

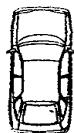
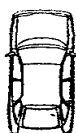
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJH 952SINSRS: **SIN HWEE**
WSP: **MOTOR**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJH 952S - x			
SHC 1215E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date		Non-Reporting Ltr (1st):	
CC3/AIG08020117/VDn 06/08/2008 SHC 1215E SBJ 322U 13/07/2008 12/08/2008 HYUNDAI AE IONIQ		Non-Reporting Ltr (2nd):	
CC3/EQ17020320/M1eb3q2 19/12/2017 SHC 1215E SJS 4005S 20/10/2017 19/12/2017		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:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/SUM	S\$ 2,700.00 (5 days) Reduction: 60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/11/2022 Confirm with Khim	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,700.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 360.00 (\$ 60 x 6 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\$ 3,067.45	Global Sum S\$: 3,060.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 3,060.00	Name 1:	SIN HWEE MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	