

**ASSIGNMENT**

Surveyor: **KENNETH** DOI: **06/09/2022** Date / Time : **05/09/2022**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



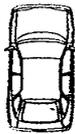
Insured Vehicle No. : **SHA 3115H** Claim No. : **S2M04A88**  
Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **Hyundai Ae ioniq**  
**Excess Sec II : \$** D.O.A : **31/08/2022 17:40** Place of Accident : **PIE, Singapore**  
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**

**SGK 9828D**



INSRS: \_\_\_\_\_  
WSP: **Thiam Heng Huat Pte Ltd**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



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WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
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RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Created By	DATE / PIC
SGK 9828D -	CC4/ATG14014574/Ana3s2 14/08/2015 FBH 6375M SGK 9828D 11/07/2014 18/08/2015	Hitik	
	CS/AGI21011579/Kvfn2 03/01/2022 SGK 9828D SJC 5451P 10/11/2021 03/01/2022	Non-Reporting ltr (1st):	
	C/S/FC118013539/Kvbn2 13/08/2018 SGK 9828D SHB 4588P 21/07/2018 14/08/2018	Non-Reporting ltr (2nd):	
SHA 3115H - X		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler 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>	<b>S\$ 1,800.00</b> ( <b>4</b> days) Reduction: <b>84</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>31/07/2023</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>7%GST</b>	<b>S\$ 1,926.00</b>		
Loss of Rental (LOR):	S\$ _____ ( _____ days)		
Loss of Use (LOU):	S\$ <b>250.00</b> ( \$ <b>50</b> x <b>5</b> days)		
Loss of Income (LOI):	S\$ _____ ( \$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" 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/ <del>Reject/Partial Settle</del>	
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>	<b>S\$ 2,183.45</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>2,183.45</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: _____		