			LKK:	
INS. CASE OWNER:	ANG Yvonne	CC4/ASM22009448/Upa3	IDAC:	284264

ASSIGNMENT

Surveyor: **MARCUS** DOI: 26/09/2022 Date / Time : 26/09/2022
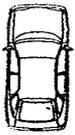
Registered in Merimen: ___

Pre-assign / CCU / FTE

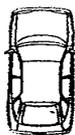Insured Vehicle No. : **SHC 1328M**   Claim No. : **S2M04B3Y**

Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**

Insured Tel No. :   HP: Make / Model : **Toyota PRIUS**

Excess Sec II :S$ ___ D.O.A : **14/09/2022 13:25** Place of Accident : ___

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

If **NO**, Driver Name / Age : ___   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

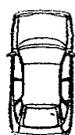Driver Tel No. : ___ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

FBN 6714L →   →   →

INSRS: **EROFIA MOTOR TRADING PTE LTD** INSRS: INSRS: INSRS:
WSP: WSP: WSP: WSP:
Tel : Tel : Tel : Tel :
Liability : Liability : Liability : Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
FBN 6714L - X			
SHC 1328M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Date Reporting Assessor:	
CC3/TMI17022660/K1vbn2 06/12/2017 SHC 1328M PZ 822T 25/11/2017 12/12/2017 CKL		Non-Reporting ltr (2nd):	
CS/FCI14010591/Rqm3k3 05/09/2014 SKC 6688E SHC 1328M 01/06/2014 08/09/2014 BPL		Non-Reporting ltr (Final):	
CS/FCI14023829/Kvbd1 09/01/2015 SGB 9589R SHC 1328M 25/11/2014 09/01/2015 CKL		Notification ltr (if non-pickup):	
CS3/FCI19004847/Gcd3s2 01/04/2019 FBN 7472C SHC 1328M 09/03/2019 02/04/2019 LST1		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: 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$	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: 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: