

ASSIGNMENT

Surveyor:

DOI:

Date / Time : 19.10.2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2022Z

Claim No. : S2M04D58

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. : HP:

Make / Model : Hyundai I40

Excess Sec II :S\$ D.O.A : 17/10/2022 17:25

Place of Accident : Tanah Merah Coast Rd, Singapore

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

If NO, Driver Name / Age : LOU SOON HONG

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMQ 5448R

INSRS:
WSP: A T Auto
Tel : Consultant
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMQ 5448R - X			
SHA 2022Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/III18009749/T1eb3s2 19/03/2019 SLV 8300Z SHA 2022Z 25/05/2018 19/03/2019 LSP			
NS/INC10017027/Fn 04/01/2011 SHA 2022Z GU 2713U 24/08/2010 06/01/2011 YMF			
		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: 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:		