

ASSIGNMENT

Surveyor:

MARCUS

DOI:

Date / Time : **10/11/2022**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 3154J**Claim No. : **S2M04E6Y**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai Ae ioniq****Excess Sec II :S\$** _____ D.O.A : **05/11/2022 17:35**Place of Accident : **22 Ang Mo Kio Ave 8, Singapore**

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

If **NO**, Driver Name / Age : **PARAMASIVAN S/O PONNUSAMY**

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

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

Insured Liability : % **Final ? Yes / No****SH 4704J**INSRS:
WSP: **TAN LIM**
Tel :
Liability :
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	STAGE	DATE / PIC
SH 4704J	CC4/AXA17024695/Uea3q2 07/05/2018 SH 4704J SBE 3333U 27/12/2017 08/05/2018 HMF	Non-Reporting ltr (1st):	
	CC4/FCI21009160/Kga3q2 03/11/2021 GBF 2602U SH 4704J 30/08/2021 05/11/2021 HMK	Non-Reporting ltr (2nd):	
	CC6/AXA13011886/Lh2y3c3 05/02/2014 SH 4704J GBC 2642U 26/06/2013 11/02/2014 HNS	Non-Reporting ltr (Final):	
	NA/INC08020435/r 18/07/2008 HANG TAU TEE SH 4704J SGK 4278Z 17/07/2008 21/07/2008 LWS	Notification ltr (if non-pickup):	
	NA/INC08032132/r 09/12/2008 HANG TAU TEE SH 4704J 06/12/2008 16/12/2008 LWS	Call On:	
	NA/INC09028842/c2 26/12/2009 HANG TAU TEE SH 4704J SFP 6693E 24/12/2009 29/12/2009 SW	Call On:	
	NA/INC11020621/j1 08/10/2011 HANG TAU TEE SH 4704J SBR 4232C 07/10/2011 18/10/2011 NSC	Call On:	
SHC 3154J	CC3/AIG08029965/Caw 02/01/2009 SHC 3154J GBB 2674H 07/11/2008 05/01/2009 TCI	Documentation Check List:	
	CC4/AIG21004432/T1gs3q2 02/08/2021 SHC 3154J SLW 8886U 03/04/2021 04/08/2021 LSL	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:	
		Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	
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:	