

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **10.11.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SH 9519U**Claim No. : **S2M04EKI**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465714**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai Ae ioniq**Excess Sec II : \$ _____ D.O.A : **10/11/2022 05:00**Place of Accident : **Ang Mo Kio Ave 10, Singapore**

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

BLOCK 527OSCP

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**SMY 425Y**INSRS:
WSP: **CARSMITH**
Tel : **PRIVATE**
Liability : **LIMITED**
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMY 425Y - X			
SH 9519U	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Non-Reporting ltr (1st):	
CC3/AIG12002702/H1sa3k2 10/04/2012 SH 9519U SJZ 7926C 07/02/2012 16/04/2012 HK		Non-Reporting ltr (2nd):	
CC3/AXA13017593/Yry3w2 14/11/2013 SH 9519U YK 8373S 19/09/2013 15/11/2013 KY		Non-Reporting ltr (Final):	
CS/FCI17000707/Kqh3n2 20/01/2017 SHB 7844E SH 9519U 07/01/2017 23/01/2017 CG		Notification ltr (if non-pickup):	
CS/INC09014909/Ch 24/08/2009 SH 9519U SGP 7637A 03/07/2009 24/08/2009 CPH		Call OI:	
NS/INC22004636/Vvcn2 27/05/2022 SH 9519U SNA 5574G 26/04/2022 30/05/2022 FWL		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\$ 4,700.00 (4 days) Reduction: 56 %		Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 19/01/2023 Confirm with Alex	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 5,029.00			
Loss of Rental (LOR) w/GST S\$ 428.00 (4 days) X\$100.00			
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: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 5,457.00 Global Sum S\$: 5,450.00			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1: S\$ 5,450.00 Name 1: Carsmith Pte Ltd			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			