

ASSIGNMENT

Surveyor:

KENNETH

DOI:

Date / Time : **30.01.2023**

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 1931X**Claim No. : **S3M04IJA**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2478218**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **28.01.2023 17:30**

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**SMZ 1719M**INSRS:
WSP: **CHENG HOE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMZ 1719M - X			
SHC 1931X - Reference	Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date	Non-Reporting Date (1st)	Non-Reporting Date (2nd)
CC3/LCR18005949/K1wa3q2	18/04/2018 SHC 1931X SLG 5751D 29/03/2018	Non-Reporting 1st (Final):	Non-Reporting 2nd (Final):
CS/TMI22011441/Tny3q2	28/12/2022 SHC 1931X SNC 4724L 12/11/2022	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	HSBC -	Documentation Check List:	Handler
	Please submit the PRI survey report asap	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\$ 6,950.00	(5 days) Reduction: 42 %	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 AWP
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$200.00
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:	