

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 07/07/2023

Date / Time : 07/07/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4065X

Claim No. : S3M04NWA

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2478218

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : 30/06/2023 07:45

Place of Accident : AYE TOWARDS CITY

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

FBD 8206B

INSRS:
WSP: MS Car Auto
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
FBD 8206B - X			
SHD 4065X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By			
CS/FCI19000539/Dsd3n2 15/02/2019 SHD 4065X SHC 788A 05/01/2019 15/02/2019 NVT			
NS/INC22007993/Vnce2 07/09/2022 SHD 4065X GBG 630X 08/06/2022 08/09/2022 FWL			
		Non Reporting ltr (2nd):	
		Non Reporting ltr (Final):	
		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:		