

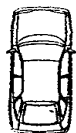
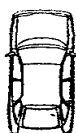
ASSIGNMENTSurveyor: **KENNETH**DOI: **11/06/2020**Date / Time : **11/06/2020**Registered in Merimen: **11/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 1324Z**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$**D.O.A : **10/06/2020**Place of Accident : **ALONG PAYA LEBAR X
GEYLANG ROAD**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **CHUA THIAM**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **S0971349B**(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SLU 7498Z**INSRS:
WSP: **CHENG HOE**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLU 7498Z - NA/INC19009185/r3 ; 30/05/2019	STAGE	DATE / PIC
	CC4/ASM19009435/Kpa3q2 ; 24/05/2019	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SHC 1324Z - NJA/INC08016134/y1 29/05/2008	Non-Reporting ltr (Final):	
	NS/INC11001126/Gn 12/01/2011	Notification ltr (if non-pickup):	
	NS/INC18006534/Nrbn2 08/04/2018	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:	