

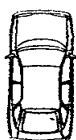
ASSIGNMENT

Surveyor: STEVE CHEN

DOI: 09/09/2020

Date / Time : 08/09/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2558U

Claim No. : D20003584MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II :S\$ D.O.A : 04/09/2020 15:45

Place of Accident : SIN MING AVE TOWARDS MARYMOUNT RD

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

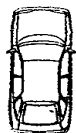
If **NO**, Driver Name / Age : JERRY LIM GUAN SENG

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

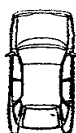
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers		
4. Employment Practices		
5. Fidelity and Bonding		
6. Automobile Liability		
7. Watercraft Liability		
8. Aircraft Liability		
9. Umbrella Liability		
10. Other		

SMJ 9595J



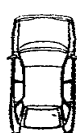
INRS:
WSP:ALPHA CAR
Tel : SERVICES
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SMJ 9595J - X SHA 2558U - CS/QW08030097/Sce1 ; 27/10/2008 NS/INC19002690/K1vd3e2 ; 09/02/2019		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			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:		