15/3/2010

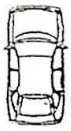
INS. CASE OWNER: CC 4 / III 2000 9692 / gs3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10/09/2020

Registered in Merimen: 09/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8182U Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 29/08/2020 Place of Accident : _____

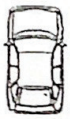
Is driver the owner? ( YES / NO ) Nature of Accident : _____

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

SLU 5120B → _____ → _____ → _____

INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLU 5120B : NS/INC20009279/T1qf3e2 ; DOA : 30/08/2020<br>SHC 8182U : |
| 06/10/2020 | III INSTRUCT REJECTION. REJECTION EMAIL SEND TP.<br>TP ENCROACH OI LANE. CANCEL CASE NO SURVEY DONE.<br>MR YEW TO SIGN |

| 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: | | ☐ |
| Post-Repair Photos: | ☐ | ☐ |
| Others: | ☐ | ☐ |

| PRELIMINARY ADVICE | Date/Time: | Sent By: |
|---|---|---|

| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
|---|---|---|---|
| Repair Cost: | S$ | ( days) Reduction: % | Email ☐ Call ☐ |

| FINAL SETTLEMENT | Date/Time: | Confirm with | Email ☐ Call ☐ |
|---|---|---|---|
| Final Liability: | % | ( / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | | |
| Loss of Rental (LOR): | S$ | ( ys) | |
| Loss of Use (LOU): | S$ | ($ x ) | |
| Loss of Income (LOI): | S$ | ($ x ) | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ick only one] | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow endent ) | 2) Report Format: |
| Legal Cost | S$ | | 3) Survey fee: |
| Total: | S$ | obal 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: | |