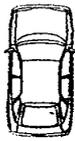


ASSIGNMENT

Surveyor: KENNETH DOI: 11/09/2020 Date / Time : 11/09/2020
 Registered in Merimen:

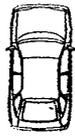
Pre-assign / CCU / FTE



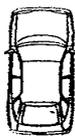
Insured Vehicle No. : SHA 1406G Claim No. :
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :
 Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 10/09/2020 11:45 Place of Accident :
 Is driver the owner? (YES / NO) Nature of Accident :

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**

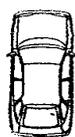
SHD 9231A



INSRS:
WSP: TRANS-CAB
Tel : AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 1406G - CC3/AXA12023340/H1hf3c3 ; 01/12/2012	Non-Reporting ltr (1st):	
CC3/FCI16001676/Kqh3n2 ; 25/01/2016	Non-Reporting ltr (2nd):	
CS/FCI16018432/Aqh3n2 ; 28/09/2016	Non-Reporting ltr (Final):	
CS/FCI19010762/Aqd3n2 ; 14/06/2019	Notification ltr (if non-pickup):	
CS1/III10013649/Kfq1 ; 06/11/2005	Call OI:	
NA/CTI16018361/h4 ; 28/09/2016	After call ltr to OI:	
NS/INC12010204/H1qr2 ; 19/05/2012	Documentation Check List: Handler Typist	
NS/INC12016280/H1qn ; 19/08/2012	Notification ltr (if non-pickup)	<input type="checkbox"/>
NS/INC19021702/Fqf3n2 ; 07/12/2019	After call ltr to OI:	<input type="checkbox"/>
SHD 9231A - CC3/AIG20001639/Kbs3 ; 25/01/2020	Authorisation To Act:	<input type="checkbox"/>
CC3/AXA12018691/Kv1dq2 ; 23/09/2012	Release Voucher:	<input type="checkbox"/>
CC3/AXA13017232/Kpy3w2 ; 11/09/2013	Final Repair Bill:	<input type="checkbox"/>
CC3/FCI12018942/Ky1k3 ; 21/08/2012	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: <u> </u> Sent By: <u> </u>	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u> </u>		
Repair Cost: S\$ <u> </u> (<u> </u> days) Reduction: <u> </u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with <u> </u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % (Agreed / Assessed) BOLA S/N No. : <u> </u> If NO or B 28, Ass. Lia :		
Repair Cost: S\$ <u> </u>		
Loss of Rental (LOR): S\$ <u> </u> (<u> </u> days)		
Loss of Use (LOU): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
Loss of Income (LOI): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u> </u>		
Medical: S\$ <u> </u>		
Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ <u> </u>	2) Report Format:	
	3) Survey fee:	
Total: S\$ <u> </u> Global Sum S\$: <u> </u>		
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u> </u> Name 1: <u> </u>		
Payee 2: (Strike if N.A.) S\$ <u> </u> Name 2: <u> </u>		
Payee 3: (Strike if N.A.) S\$ <u> </u> Name 3: <u> </u>		