

INS. CASE OWNER:

CC 4 / III 2000 9924 / Dbs3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: **BRYAN**DOI: **16/09/2020**Date / Time : **16/09/2020**Registered in Merimen: **16/09/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 4204L**

Claim No. : \_\_\_\_\_

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

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : **03/09/2020**

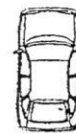
Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

**FBJ 3577G**INSRS:  
WSP: **S9 MOTOR**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                          | FBJ 3577G : CC4/FCI20002023/Dda3q2 ; DOA : 01/02/2020<br>SHD 4204L : X |                                               | 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)                             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                        |                                               | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/>            |
| <b>PRELIMINARY ADVICE</b>                                           | Date/Time:                                                             | Sent By:                                      |                                                              |                                                              |
| <b>FINALIZATION</b>                                                 | Date/Time:                                                             | Confirm with:                                 | Confirm by:                                                  |                                                              |
| Repair Cost:                                                        | \$S                                                                    | ( days) Reduction:                            | %                                                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                             | Date/Time:                                                             | Confirm with:                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| 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 <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                                                                    |                                               |                                                              |                                                              |
| Medical:                                                            | \$S                                                                    | 1) Claim status: Normal/Reject/Private Settle |                                                              |                                                              |
| Disbursement:                                                       | \$S                                                                    | (e.g. Tow/ Independent )                      | 2) Report Format:                                            |                                                              |
| Legal Cost                                                          | \$S                                                                    | 3) Survey fee:                                |                                                              |                                                              |
| <b>Total:</b>                                                       | \$S                                                                    | <b>Global Sum \$S:</b>                        |                                                              |                                                              |
| <b>FINAL PAYMENT</b>                                                | Date/Time:                                                             | Confirm with:                                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Payee 1:                                                            | \$S                                                                    | Name 1:                                       |                                                              |                                                              |
| Payee 2: (Strike if N.A.)                                           | \$S                                                                    | Name 2:                                       |                                                              |                                                              |
| Payee 3: (Strike if N.A.)                                           | \$S                                                                    | Name 3:                                       |                                                              |                                                              |