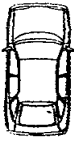


ASSIGNMENT

Surveyor:

STEVE

DOI:

Date / Time : **09/10/2020**Registered in Merimen: **09/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SH 8896L**Claim No. : **D20004091MFSH**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **D-20094922MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **07/10/2020 16:00**Place of Accident : **BELILIOS RD TWDS SERANGOON RD**

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

If **NO**, Driver Name / Age :

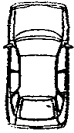
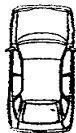
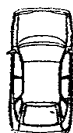
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBG 9735T**INSRS:
WSP: **EFFICIENT**
Tel : **MOTOR**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---------------------------|-------------------------------------|-----------------------------------|---|
| | GBG 9735T - X | Non-Reporting ltr (1st): | |
| | SH 8896L - | Non-Reporting ltr (2nd): | |
| | CC4/FCI19021525/Dea3q2 - 30/11/2019 | Non-Reporting ltr (Final): | |
| | CS/FCI19011143/T1td3n2 - 15/06/2019 | Notification ltr (if non-pickup): | |
| | CS/FCI19013566/Kqf3n2 - 05/07/2019 | 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"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|---|------------------|------------------------------------|--|
| FINALIZATION | Date/Time: _____ | Confirm with: _____ | Confirm by: _____ |
| Repair Cost: | S\$ _____ | (_____ days) Reduction: | % _____ Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT | 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: |
| Total: | S\$ _____ | Global Sum S\$: | |
| FINAL PAYMENT | 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: | |