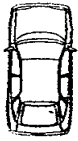


ASSIGNMENT

Surveyor: **OSP** DOI: **05/01/2021** Date / Time : **04/01/2021**
 Registered in Merimen: _____

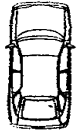
Pre-assign / CCU / FTE



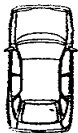
Insured Vehicle No. : **SH 2656C** Claim No. : **D20005076MFSH**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **D-20094922MFSH**
 Insured Tel No. : _____ HP: _____ Make / Model : **HYUNDAI IONIQ**
Excess Sec II : \$ D.O.A : **09/12/2020 18:15** Place of Accident : **KJE, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **KIEW JOON HONG** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

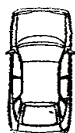
FBF 7739B



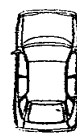
INSRS: _____
 WSP: **YEW TEE**
 Tel : **AUTOMOBILE**
 Liability: **TECH PTE LTD**
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SH2656C - CC3/AIC09023654/Cn1j ; 19/10/2009	Non-Reporting ltr (1st):	
	CC3/AXA12006084/H1edf1 ; 22/03/2012	Non-Reporting ltr (2nd):	
	CS/INC08029319/Scz1 ; 12/10/2008	Non-Reporting ltr (Final):	
	NA/INC08027766/sr ; 12/10/2008	Notification ltr (if non-pickup):	
	FBF 7739B - X	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"/>
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: L/SUM S\$ 2,100.00 (3 days) Reduction: 67 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 17/6/2021 Confirm with MS LAI		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,247.00			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ 120.00 (\$ 20 x 6 days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 36.45			
Medical: S\$ _____		1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ _____		3) Survey fee: 350.00	
Total: S\$ 2,403.45	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,403.45	Name 1: Yew Tee Automobile Tech Pte Ltd		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		