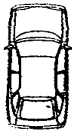


ASSIGNMENT

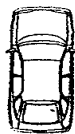
Surveyor: **Bryan** DOI: **04/05/2021** Date / Time : **03/05/2021**
 Registered in Merimen: **—**

Pre-assign / CCU / FTE

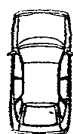
Insured Vehicle No. : **SHD 4438D** Claim No. : _____
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **29/05/2021** Place of Accident : _____
 Is driver the owner? (YES / **NO**) Nature 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**

SMH 3916S

INSRS:
WSP: **JWG**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMH 3916S : X	STAGE DATE / PIC
	SHD 4438D : CC4/III20000968/Dpa3 ; DOA : 29/12/2019	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
23/07/2021	Pls refer to VIEWS for details.	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
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 ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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: PRI
Legal Cost S\$ _____		3) Survey fee: \$100.00
Total: S\$ _____	Global 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: _____	