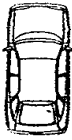


ASSIGNMENTSurveyor: TaufikhDOI: 17/06/2021Date / Time : 17/06/2021Registered in Merimen: 17/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMT 8810S

Claim No. : _____

Name of Insured : RESOURCES FREIGHT PTE LTD

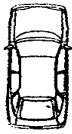
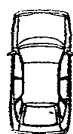
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/06/2021

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** / NODriver Tel No. : _____ (V/L **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SHC 1054C** → _____ → _____ → _____ → _____INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 1054C : CC3/TMI18018234/K1rbe2 ; DOA : 06/10/2018		STAGE		DATE / PIC
	SMT 8810S : X		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)		☐
			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 ☐		Cal ☐
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: _____		
Legal Cost	S\$		3) Survey fee: _____		
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐		Cal ☐
Payee 1:	S\$	Name 1: _____			
Payee 2: (Strike if N.A.)	S\$	Name 2: _____			
Payee 3: (Strike if N.A.)	S\$	Name 3: _____			