

**ASSIGNMENT**Surveyor: MarcusDOI: 12/08/2021Date / Time : 12/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 4492LClaim No. : S1M03FAYName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : VFX/P2419138

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 05/08/2021 18:15

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****FBQ 2470A**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                             |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | <b>FBQ 2470A : X</b>                                        | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | <b>SHA 4492L : CS3/III12015599/T1qk3 ; DOA : 08/08/2012</b> | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                             | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                             | Call OI:                                                                           |
|                                                                                                                                                                     |                                                             | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                             | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                             | 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"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time: _____ Sent By: _____                             | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                             | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                        | Confirm by: <b>CKS</b>                                                             |
| Repair Cost: <b>L/S</b> S\$ <b>2,750.00</b> ( <b>4</b> days) Reduction: <b>67</b> %                                                                                 |                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>25.07.22</b> Confirm with <b>JASON</b>        | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                                                                         |                                                             | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b> S\$ <b>2,942.50</b>                                                                                                                       |                                                             | <b>OID CROSS THE STOP LINE AND HIT TP MAKING A RIGHT TURN</b>                      |
| Loss of Rental (LOR): S\$ - ( _____ days)                                                                                                                           |                                                             |                                                                                    |
| Loss of Use (LOU): S\$ <b>150.00</b> (\$ <b>30</b> x <b>5</b> 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 + LO <input type="checkbox"/> [Tick only one] |                                                             |                                                                                    |
| GIA/LTA Search S\$ -                                                                                                                                                |                                                             |                                                                                    |
| Medical: S\$ -                                                                                                                                                      |                                                             | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement: S\$ - (e.g. Tow/ Independent )                                                                                                                        |                                                             | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ -                                                                                                                                                    |                                                             | 3) Survey fee: <b>\$350</b>                                                        |
| <b>Total:</b> S\$ <b>3,092.50</b> Global Sum S\$ <b>3,090.00</b>                                                                                                    |                                                             |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: <b>25.07.22</b> Confirm with: <b>JASON</b>       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1: S\$ <b>3,090.00</b> Name 1: <b>FASTECH AUTO PTE LTD</b>                                                                                                    |                                                             |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____                                                                                                                   |                                                             |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____                                                                                                                   |                                                             |                                                                                    |