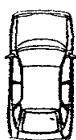


ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **12/11/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 2100G**Claim No. : **S1M03LYU**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

Insured Tel No. : _____ HP: _____

Make / Model : **Hyundai Ae ioniq****Excess Sec II :S\$** _____ D.O.A : **10/11/2021 20:50**Place of Accident : **Greenwich Dr, Singapore**

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

If **NO**, Driver Name / Age : **CHRISTOPHER CHONG YONG FONG**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SJX 7625G**INSRS:
WSP: **N-51 Automotive**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJX 7625G - X		
	SHA 2100G - CC3/AIG12017711/H1a2a3q2 ; 08/09/2012	Non-Reporting ltr (1st):	
	CC3/EQ115014353/H1na3q2 ; 19/08/2015	Non-Reporting ltr (2nd):	
	CS/FCI15016499/Rqbd1 ; 25/09/2015	Non-Reporting ltr (Final):	
	CS/FCI15018917/Ftbc2 ; 17/10/2015	Notification ltr (if non-pickup):	
	NBA/MSG13018740/s4 ; 18/09/2013	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 + LOI ☐ [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 ☐ Call ☐	
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		