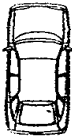


**ASSIGNMENT**

Surveyor: LTG DOI: \_\_\_\_\_ Date / Time : 29/12/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**

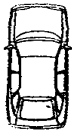


Insured Vehicle No. : SHC 8909R Claim No. : \_\_\_\_\_  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 21/10/2021 Place of Accident : \_\_\_\_\_  
 Is driver 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**

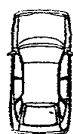
**FBR 6831K**



INSRS:  
WSP: **FC AUTO**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBR 6831K : X	Non-Reporting ltr (1st):	
	SHC 8909R : CS/FCI15008173/Uqy3k3 ; DOA : 06/03/2015	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"/>

**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\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_

**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: \_\_\_\_\_

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: \_\_\_\_\_
- 3) Survey fee: \_\_\_\_\_