

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor:

**ADRIAN**

DOI:

**20/01/2022**Date / Time : **20/01/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 2348Z**Claim No. : **S2M03RH4**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2426680**

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

HP: \_\_\_\_\_

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

**Excess Sec II :S\$**D.O.A : **19.01.2022 14:00**

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

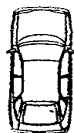
If **NO**, Driver Name / Age :

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

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

Insured Liability : \_\_\_\_\_ %

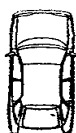
**Final ? Yes / No****SJX 9971T**

INSRS:

WSP: **SM**Tel : **AUTOMOTIVE**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                           |                                                      |                                                          |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|
|                                                                                                                                                      | <b>SJX 9971T - X</b>                                 | <b>STAGE</b>                                             | <b>DATE / PIC</b>                                                     |
|                                                                                                                                                      | <b>SHC 2348Z - CS/FCI16021499/Ugh3n2; 04/09/2016</b> | Non-Reporting ltr (1st):                                 |                                                                       |
|                                                                                                                                                      | <b>NA1/INC08010301/m1; 27/03/2008</b>                | Non-Reporting ltr (2nd):                                 |                                                                       |
|                                                                                                                                                      | <b>NS/INC10012800/Dn; 28/06/2010</b>                 | Non-Reporting ltr (Final):                               |                                                                       |
|                                                                                                                                                      | <b>NS/INC21009157/Vvcn2; 26/08/2021</b>              | Notification ltr (if non-pickup):                        |                                                                       |
|                                                                                                                                                      |                                                      | Call OI:                                                 |                                                                       |
|                                                                                                                                                      |                                                      | After call ltr to OI:                                    |                                                                       |
|                                                                                                                                                      |                                                      | <b>Documentation Check List:</b>                         | <b>Handler</b> <b>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>LWP</b>                                                |
| Repair Cost: <b>L/S</b>                                                                                                                              | S\$ <b>3,500.00</b>                                  | ( <b>4</b> days) Reduction: <b>72</b> %                  | Email <input type="checkbox"/> Call <input type="checkbox"/>          |
| <b>FINAL SETTLEMENT</b>                                                                                                                              | Date/Time: <b>04.05.22</b>                           | Confirm with <b>SUKYI</b>                                | Email <input type="checkbox"/> Call <input type="checkbox"/>          |
| Final Liability:                                                                                                                                     | % <b>100</b>                                         | (Agreed / Assessed) BOLA S/N No. : <b>9</b>              | If NO or B 28, Ass. Lia :                                             |
| Repair Cost:                                                                                                                                         | S\$ <b>3,500.00</b>                                  | <b>OID MAKE A RIGHT TURN INTO MAIN ROAD HIT TP</b>       |                                                                       |
| Loss of Rental (LOR):                                                                                                                                | S\$ <b>600.00</b>                                    | ( <b>5</b> days) x \$120                                 |                                                                       |
| Loss of Use (LOU):                                                                                                                                   | S\$ <b>-</b>                                         | ( \$ x days)                                             |                                                                       |
| Loss of Income (LOI):                                                                                                                                | S\$ <b>-</b>                                         | ( \$ x days)                                             |                                                                       |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one]                                      |                                                          |                                                                       |
| GIA/LTA Search                                                                                                                                       | S\$ <b>7.45</b>                                      |                                                          |                                                                       |
| Medical:                                                                                                                                             | S\$ <b>-</b>                                         | 1) Claim status: Normal/ <del>Reject Private Secde</del> |                                                                       |
| Disbursement:                                                                                                                                        | S\$ <b>-</b>                                         | (e.g. Tow/ Independent )                                 | 2) Report Format: <b>TP</b>                                           |
| Legal Cost                                                                                                                                           | S\$ <b>-</b>                                         |                                                          | 3) Survey fee: <b>\$350</b>                                           |
| <b>Total:</b>                                                                                                                                        | S\$ <b>4,107.45</b>                                  | <b>Global Sum S\$: 4,100.00</b>                          |                                                                       |
| <b>FINAL PAYMENT</b>                                                                                                                                 | Date/Time: <b>04.05.22</b>                           | Confirm with: <b>SUKYI</b>                               | Email <input type="checkbox"/> Call <input type="checkbox"/>          |
| Payee 1:                                                                                                                                             | S\$ <b>4,100.00</b>                                  | Name 1: <b>SM AUTOMOTIVE</b>                             |                                                                       |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$                                                  | Name 2:                                                  |                                                                       |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$                                                  | Name 3:                                                  |                                                                       |