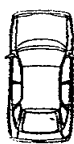


ASSIGNMENTSurveyor: **KENNETH**DOI: **23/03/2022**Date / Time : **22/03/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 3542S**Claim No. : **S2M03W3L**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **18/03/2022 13:15**Place of Accident : **Bukit Panjang Rd, Singapore**

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

UPPER BUKIT TIMAH ROADIf NO, Driver Name / Age : **KOH BENG TIONG**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMP 5854G**INSRS:
WSP: **SUPREME**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMP 5854G - NS/INC19022166/Fvf3e2 ; 13.12.2019	Non-Reporting ltr (1st):	
	SHD 3542S - CC4/ASM18003329/K1ua3q2; 20/02/2018	Non-Reporting ltr (2nd):	
	CC4/III16000183/Fwa3s2; 22/12/2015	Non-Reporting ltr (Final):	
	CS/AGI18013470/Nqd3e2; 23/07/2018	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:	☐ ☐
	TPV: T.VIOS - 1497cc	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: LS	S\$ \$3,150.00 (5 days) Reduction: \$2,566.00 % 45	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/06/2022 Confirm with KEONG	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 3,150.00		
Loss of Rental (LOR):	S\$ 481.50 (5 days) x \$96.30		
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: TP	
Legal Cost	S\$	3) Survey fee: \$350.00	
Total:	S\$ 3,631.50	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,631.50	Name 1: SUPREME AUTO SERVICE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	