

**ASSIGNMENT**

Surveyor:

MARCUS

DOI: 28/03/2022

Date / Time : 28/03/2022

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

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHC 3237D

Claim No. : S2M03WW8

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

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

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

Excess Sec II : \$

D.O.A : 27/03/2022 16:50

Place of Accident : Tampines Link, Singapore TWDS TPE

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

If NO, Driver Name / Age : SIM HOCK GUAN

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

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

(V/L: YES / NO )

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

Final ? Yes / No

SMN 5372R



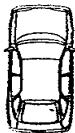
INSRS:

WSP: LEE BROTHERS

Tel :

Liability :

RMKS:



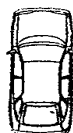
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                   |                                   |                                               |                                                    |                                                              |
|----------------------------------------------|-----------------------------------|-----------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
|                                              | SMN 5372R                         |                                               |                                                    |                                                              |
|                                              | SHC 3237D                         | NA/CTI22002835/m4 ; 27.03.2022                |                                                    |                                                              |
|                                              |                                   | <b>STAGE</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:</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"/>                                     |
|                                              |                                   |                                               | Others:                                            | <input type="checkbox"/>                                     |
| <b>FINALIZATION</b>                          | Date/Time:                        | Confirm with:                                 | Confirm by: CKS                                    |                                                              |
| Repair Cost:                                 | L/S S\$ 5,500.00                  | ( 6 days) Reduction:                          | 53 %                                               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                      | Date/Time: 30.05.22               | Confirm with: JASON                           | Email <input type="checkbox"/>                     | Call <input type="checkbox"/>                                |
| Final Liability:                             | % 100                             | (Agreed / Assessed) BOLA S/N No. : 27         | If NO or B 28, Ass. Lia :                          |                                                              |
| Repair Cost:                                 | w/GST S\$ 5,617.50                | (AXA RECOMMEND) OI REAR ENDED TP              |                                                    |                                                              |
| Loss of Rental (LOR):                        | S\$ 800.00                        | ( 8 days) x \$100                             |                                                    |                                                              |
| Loss of Use (LOU):                           | S\$ -                             | (\$ x days)                                   |                                                    |                                                              |
| Loss of Income (LOI):                        | S\$ -                             | (\$ 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\$ 7.45                          |                                               |                                                    |                                                              |
| Medical:                                     | S\$ -                             | 1) Claim status: Normal/Reject/Private Settle |                                                    |                                                              |
| Disbursement:                                | S\$ -                             | (e.g. Tow/ Independent )                      |                                                    |                                                              |
| Legal Cost                                   | S\$ -                             | 2) Report Format: TP                          |                                                    |                                                              |
|                                              |                                   | 3) Survey fee: \$350                          |                                                    |                                                              |
| <b>Total:</b>                                | S\$ 6,424.95                      | <b>Global Sum S\$: 6,400.00</b>               |                                                    |                                                              |
| <b>FINAL PAYMENT</b>                         | Date/Time: 30.05.22               | Confirm with: JASON                           | Email <input type="checkbox"/>                     | Call <input type="checkbox"/>                                |
| Payee 1:                                     | S\$ 6,400.00                      | Name 1:                                       | LEE BROTHERS AUTOMOTIVE PTE LTD                    |                                                              |
| Payee 2: (Strike if N.A.)                    | S\$                               | Name 2:                                       |                                                    |                                                              |
| Payee 3: (Strike if N.A.)                    | S\$                               | Name 3:                                       |                                                    |                                                              |