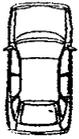


ASSIGNMENTSurveyor: _____ DOI: _____ Date / Time : **25/04/2022**

Registered in Merimen: _____

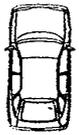
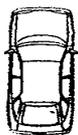
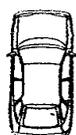
Pre-assign / CCU / FTEInsured Vehicle No. : **SHC 1333Y** Claim No. : **S2M03Z8Y**Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/04/2022 09:20** 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****YQ1838H**INSRS:
WSP: **TSR**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | STAGE | DATE / PIC |
|---|--|--|---|
| | YQ 1838H - X | | |
| | SHC 1333Y - CC3/AIG10017293/Dn1f2t2; 26/08/2010 | Non-Reporting ltr (1st): | |
| | CC4/ASM21008052/Ags3q2; 23/07/2021 | Non-Reporting ltr (2nd): | |
| | CC6/III20006256/Ubs3q2; 08/06/2020 | Non-Reporting ltr (Final): | |
| | NS/INC11010694/H1bn; 03/06/2011 | Notification ltr (if non-pickup): | |
| | NS/INC18018246/K1sbn2; 08/10/2018 | Call OI: | |
| | | After call ltr to OI: | |
| | | Documentation Check List: | Handler Typist |
| | | 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"/> |
| PRELIMINARY ADVICE | Date/Time: _____ Sent By: _____ | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: | |
| Repair Cost: | S\$ _____ (_____ days) Reduction: _____ % | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: _____ Confirm with _____ | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ _____ Name 1: _____ | | |
| Payee 2: (Strike if N.A.) | S\$ _____ Name 2: _____ | | |
| Payee 3: (Strike if N.A.) | S\$ _____ Name 3: _____ | | |