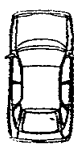


ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **03/08/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 4353E**Claim No. : **S2M047XJ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **29/07/2022 14:15**Place of Accident : **PIE TOWARDS TUAS**

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

If **NO**, Driver Name / Age : **QUEK NIAN TZE JAMES**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SMX 7053X**INSRS:
WSP: **FC Garage**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Stage	Reported By	DATE / PIC
SMX 7053X	CS3/CTT22007347/Ecy3 02/08/2022 SNE 7723J SMX 7053X 29/07/2022 NMY	Non-Reporting ltr (1st):		
SHA 4353E	CC3/AIC11000403/Dbq 26/01/2011 SHA 4353E GV 1489T 31/12/2010 07/02/2011 CY	Non-Reporting ltr (2nd):		
	CC3/AXA13007597/H1rb3c3 05/02/2014 SHA 4353E SKG 6768L 20/04/2013 11/02/2014 TJP	Non-Reporting ltr (Final):		
	CC3/HH20000056/Kps3s2 16/04/2020 SHC 5055Z SHA 4353E 24/12/2019 17/04/2020 LSL	Notification ltr (if non-pickup):		
	CC3/LCR18013606/Gjb3s2 18/03/2019 SHA 4353E SLP 5645E 23/07/2018 18/03/2019 Cal	Call POI:		
	NS/INC21005088/T1tcn2 17/06/2021 SHA 4353E SJU 6138T 20/04/2021 17/06/2021 FYL	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:	☐	☐
		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: L/SUM	S\$ 11,000.00 (8 days) Reduction: 51 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 14/12/2022 Confirm with Florence	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100		
Repair Cost:	S\$ 11,000.00			
Loss of Rental (LOR): W/GST	S\$ 898.80 (7 days) X \$120			
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\$ 38.45			
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\$ 11,937.25 Global Sum S\$: 11,900.00			
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐		
Payee 1:	S\$ 11,900.00 Name 1: FC GARAGE			
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payee 3: (Strike if N.A.)	S\$ Name 3:			