

ASSIGNMENT

Surveyor:

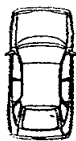
ADRIAN

DOI:

Date / Time :

24/08/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 2229U**Claim No. : **S2M049KO**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **23/08/2022 17:45**Place of Accident : **BKE, Singapore**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If **NO**, Driver Name / Age : **TAN CHIN GUAN**

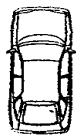
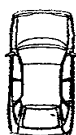
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SMQ 9089S**INSRS: **JL Perfect**
WSP: **Autowork**
Tel : **Pte. Ltd.**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMQ 9089S - X		By-Reporting ltr (1st):	
SHA 2229U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG10001472/Ca2q1n 16/04/2010 SHA 2229U SFN 4862H 22/01/2010 19/04/2010 CPH		Non-Reporting ltr (Final):	
CC3/AIG12009459/H1b1a3y 05/06/2012 SHA 2229U SJW 1137T 10/05/2012 08/06/2012 HMK		Notification ltr (if non-pickup):	
NS/INC13015373/Yvu2 28/08/2013 SHA 2229U XD 3461C 21/08/2013 30/08/2013 CMJ		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:	☐
		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: S\$	(days) Reduction: %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐	
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 ☐ 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:	
Legal Cost S\$		3) Survey fee:	
Total: S\$	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$	Name 1:		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		