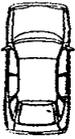


ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 05.09.2022
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 3863X Claim No. : S2M049PK
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ D.O.A : 25/08/2022 07:40 Place of Accident : Depot Rd, Singapore
Is driver the owner? (YES / NO) Nature of Accident : TOWARDS ALEXANDRA ROAD
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**

GBF 844B



INSRS: **Jementah**
WSP: **Motor**
Tel : **Works**
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	DATE / PIC	
	GBF 844B -	12/09/2018	TOH KAI PENG (DU KAIPING)	SJZ 2811H	GBF 844B 11	12/09/2018	19/09/2018	HZT		
	SHC 3863X -	11/08/2020	SJN 1336H	SHC 3863X	11/08/2020	16/09/2020	LS			
	CC3/III20008333/ps3XX	12/08/2020	SJN 1336H	SHC 3863X	11/08/2020	16/09/2020	LS			
	CS/III09012450/YH1	01/07/2009	SHC 3863X	SH 9635S	03/06/2009	26/06/2009	YYF			
	NS/INC13010674/H1	gu2 25/06/2013	SHC 3863X	SGM 9199A	12/06/2013	27/06/2013	LA			
								Non-Reporting Itr (1st):		
								Non-Reporting Itr (2nd):		
								Non-Reporting Itr (Final):		
								Notification Itr (if non-pickup):		
								Call OI:		
								After call Itr to OI:		
								Documentation Check List:	Handler Typist	
								Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>	
								After call Itr 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"/>	
								Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
								Others:	<input type="checkbox"/> <input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time:						Sent By:			
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\$									
Disbursement:	S\$						(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle		
Legal Cost	S\$									
Total:	S\$						Global Sum S\$:	2) Report Format:		
FINAL PAYMENT	Date/Time:						Confirm with:	3) Survey fee:		
Payee 1:	S\$						Name 1:	Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 2: (Strike if N.A.)	S\$						Name 2:			
Payee 3: (Strike if N.A.)	S\$						Name 3:			