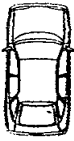


ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **05/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHD 3064E**Claim No. : **S2M04A6H**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **01.09.2022 08:30**

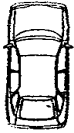
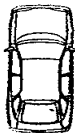
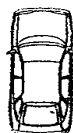
Place of Accident : _____

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****GBD 463C**INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
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	Reported By	DATE / PIC
GBD 463C	NA/LPC21002996/h4 06/03/2021 TAN ENG KIONG XE 82C GBD 463C 06/03/2021 29/03/2021 LSH	Non-Reporting ltr (1st):	
SHD 3064E	CC3/AXA1300/640/H1v1f3q2 23/05/2013 SHD 3064E SFY 1247X 23/04/2013 31/05/2013	Non-Reporting ltr (2nd):	
CC4/III19016829/Ega3q2 04/12/2019 SKW 9960T SHD 3064E 19/09/2019 04/12/2019 HMK	Non-Reporting ltr (Final):		
NA/AIG20012240/h4 09/11/2020 HUANG TSU CHIEN JAMES (HUANG ZHUQIAN JAMES - SMF 8545D SHD 3064E 07/11/2020 16/11/2020 LSH	Notification ltr (if non-pickup):		
NS/INC22007801/Tc 16/08/2022 SHD 3064E SKW 8906H 11/08/2022 FWL	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:		