

INS. CASE OWNER:

**ASSIGNMENT**

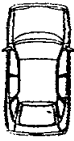
Surveyor:

**ADRIAN**

DOI:

Date / Time : **19.09.2022**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 7244B**Claim No. : **S2M04B29**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$**D.O.A : **14/09/2022 08:20**Place of Accident : **TPE TOWARDS AIRPORT BEFORE PIE**

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

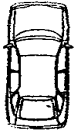
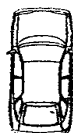
If **NO**, Driver Name / Age : **TOO SHIUN HAU**

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****SFQ 2232Z**INSRS:  
WSP: **Advance Auto**  
Tel : **Garage**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | SFQ 2232Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Assessor Date Close Date Created By |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                           | NA/CT122009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW                                  | Non-Reporting ltr (1st)                                                            |
|                                                                                                                                                           | SHD 7244B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Assessor Date Close Date Created By | Non-Reporting ltr (2nd)                                                            |
|                                                                                                                                                           | CC4/III19002353/Agb3q2 25/10/2019 SLM 9099X SHD 7244B 29/09/2021 RBW                                          | Non-Reporting ltr (3rd)                                                            |
|                                                                                                                                                           | NA/CT122009080/r3 15/09/2022 TOH ENG GUAN SFQ 2232Z SHD 7244B 14/09/2022 RBW                                  | Non-Reporting ltr (4th)                                                            |
|                                                                                                                                                           |                                                                                                               | Call OI:                                                                           |
|                                                                                                                                                           |                                                                                                               | After call ltr to OI:                                                              |
|                                                                                                                                                           |                                                                                                               | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                           |                                                                                                               | 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"/>          |
|                                                                                                                                                           |                                                                                                               | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                           |                                                                                                               | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                      | Sent By:                                                                                                      |                                                                                    |
| <b>FINALIZATION</b> Date/Time:                                                                                                                            | Confirm with: Confirm by:                                                                                     |                                                                                    |
| Repair Cost: S\$                                                                                                                                          | ( days) Reduction: %                                                                                          | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b> 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:                                                                                                |                                                                                    |
| <b>Total: S\$</b>                                                                                                                                         | <b>Global Sum S\$:</b>                                                                                        |                                                                                    |
| <b>FINAL PAYMENT</b> 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:                                                                                                       |                                                                                    |