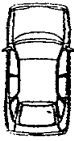


**ASSIGNMENT**Surveyor: **MARCUS**DOI: **23/09/2022**Date / Time : **23.09.2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 3719A**Claim No. : **S2M04BBW**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

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

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

Excess Sec II : \$ \_\_\_\_\_ D.O.A : **19/09/2022 13:20**Place of Accident : **Woodlands Ave 12, Singapore**

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

If NO, Driver Name / Age : \_\_\_\_\_

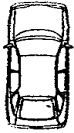
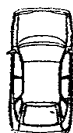
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

(V/L: YES / NO )

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

Final ? Yes / No

**SNE 7619C**INSRS: **T K LEE**  
WSP: **AUTOMOTIVE**  
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               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--------------------------|
| <b>SNE 7619C - X</b>                                                                                                                                                 |  |  |                                                                         |                          |
| SHD 3719A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reporting By                                                      |  |  |                                                                         |                          |
| CC3/AIG12014468/H1b1t2w2 28/11/2012 SHD 3719A SJC 639Z 20/07/2012 29/11/2012 SRS                                                                                     |  |  | Non-Reporting ltr (1st):                                                |                          |
| CC3/CA114018500/H1zy3q2 27/11/2014 SHD 3719A SJN 5012R 29/09/2014 28/11/2014 SRS                                                                                     |  |  | Non-Reporting ltr (2nd):                                                |                          |
| CS/FC117005715/Sybe2 28/09/2017 SKH 3598A SHD 3719A 20/03/2017 28/09/2017 GRS                                                                                        |  |  | Non-Reporting ltr (Final):                                              |                          |
| CS/TM19015709/K1vf3n2 13/09/2019 SHD 3719A SJF 411Y 03/09/2019 17/09/2019 LSH                                                                                        |  |  | Notification ltr (if non-pickup):                                       |                          |
| NS/INC21005832/T1vcn2 30/06/2021 SHD 3719A SLC 2155R 16/06/2021 01/07/2021 NCM                                                                                       |  |  | OI:                                                                     |                          |
|                                                                                                                                                                      |  |  | After call ltr to OI:                                                   |                          |
|                                                                                                                                                                      |  |  | <b>Documentation Check List:</b>                                        |                          |
|                                                                                                                                                                      |  |  | <b>Handler</b>                                                          | <b>Typist</b>            |
|                                                                                                                                                                      |  |  | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | After call ltr to OI:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Authorisation To Act:                                                   | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Release Voucher:                                                        | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Final Repair Bill:                                                      | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Car Rental Invoice:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Towing Invoice                                                          | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | LTA / GIA :                                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Medical Bill:                                                           | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | PIR:                                                                    | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Mandate/Reject Instruction:                                             | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | LOD                                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Payment Breakdown Form:                                                 | <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                                                                                            |  |  | Post-Repair Photos:                                                     | <input type="checkbox"/> |
|                                                                                                                                                                      |  |  | Others:                                                                 | <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____                                                                                           |  |  |                                                                         |                          |
| Repair Cost: <b>L/SUM</b> S\$ <b>7,000.00</b> ( <b>5</b> days) Reduction: <b>56</b> %                                                                                |  |  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>20/03/2023</b> Confirm with <b>XUE TING</b>                                                                                    |  |  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                           |  |  | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost: S\$ <b>7,000.00</b>                                                                                                                                     |  |  |                                                                         |                          |
| Loss of Rental (LOR): S\$ _____ ( _____ days)                                                                                                                        |  |  |                                                                         |                          |
| Loss of Use (LOU): S\$ <b>480.00</b> (\$ <b>80</b> x <b>6</b> days)                                                                                                  |  |  |                                                                         |                          |
| Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)                                                                                                              |  |  |                                                                         |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |  |  |                                                                         |                          |
| GIA/LTA Search S\$ <b>7.45</b>                                                                                                                                       |  |  |                                                                         |                          |
| Medical: S\$ _____                                                                                                                                                   |  |  | 1) Claim status: Normal/Reject/Private Settle                           |                          |
| Disbursement: S\$ _____ (e.g. Tow/ Independent )                                                                                                                     |  |  | 2) Report Format: <b>TP</b>                                             |                          |
| Legal Cost S\$ _____                                                                                                                                                 |  |  | 3) Survey fee: <b>\$350.00</b>                                          |                          |
| <b>Total:</b> S\$ <b>7,487.45</b> Global Sum S\$: <b>7,480.00</b>                                                                                                    |  |  |                                                                         |                          |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                    |  |  |                                                                         |                          |
| Payee 1: S\$ <b>7,480.00</b> Name 1: <b>T K Lee Automotive Pte Ltd</b>                                                                                               |  |  |                                                                         |                          |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____                                                                                                                    |  |  |                                                                         |                          |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____                                                                                                                    |  |  |                                                                         |                          |