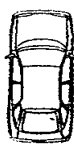


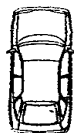
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **21.10.2022**
 Registered in Merimen: _____

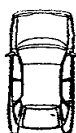
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 4076E** Claim No. : **S2M04DAC**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **19/10/2022 16:55** Place of Accident : **Woodlands Centre Rd, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : **TOWARDS CHECK POINT**

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**

PD 3399U

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
PD 3399U - X			
SHA 4076E -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By:		
	CS/FC19016588/K1qd3n2 30/09/2019 SHC 5806Z SHA 4076E 17/09/2019 30/09/2019 NBT		
	NBA/INC17017101/Y 04/09/2017 RAMASAMY PALANIVEL GBG 1121S SHA 4076E 22/07/2017 12/09/2017 RBA		
		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)	☐ ☐
		After call Itr 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: P/P	S\$ 2,440.00 (3 days) Reduction: 6 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 23/06/2023 Confirm with HILMI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 2,635.20		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 360.00 (\$ 120 x 3 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: TP	
Legal Cost	S\$ _____	3) Survey fee: \$350.00	
Total:	S\$ 2,995.20	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 2,995.20 Name 1: THE ONE HOLDINGS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		