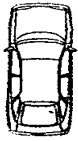


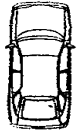
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **26.10.2022**
 Registered in Merimen: _____

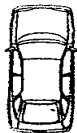
Pre-assign / CCU / FTE

Insured Vehicle No. : **SH 7783K** Claim No. : **S2M04DF2**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : **25.10.2022 12:10** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

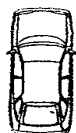
If **NO**, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLP 2303L

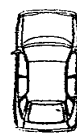
INSRS:
WSP: **SM**
Tel : **AUTOMOTIVE**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLP 2303L - X			
SH 7783K - Reference Entry	Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created	Non-Reporting ltr (1st):	
CS/INC09009671/Yn 18/05/2009 SH 7783K SGT 4990C 03/05/2009 19/05/2009 HYN		Non-Reporting ltr (2nd):	
CS/LIP08024731/CDn 17/11/2008 SH 7783K PB 3264K 05/09/2008 21/11/2008 CLZ		Non-Reporting ltr (Final):	
CS/MSG19012179/K1sf3n2 16/07/2019 SH 7783K FBP 6765D 09/07/2019 16/07/2019 ATS		Notification ltr (if non-pickup):	
NS/INC11003686/Dn 18/03/2011 SH 7783K SJB 6364G 24/02/2011 19/03/2011 HYN		Call OI:	
NS/INC14020664/H1gbd1 11/11/2014 SH 7783K GY 9875T 23/10/2014 11/11/2014 CKL		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: _____			