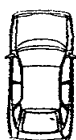


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **28.10.2022**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 1883B** Claim No. : **S2M04DKB**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2465679**
 Insured Tel No. : _____ HP: _____ Make / Model : **Toyota Prius**
Excess Sec II :\$ _____ D.O.A : **26/10/2022 09:15** Place of Accident : **Kim Seng Rd, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **TAN CHIN HOE**

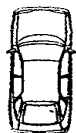
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

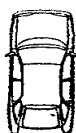
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLR 9542G**

INSRS:
WSP: **LION CITY**
Tel : **RENTALS**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SLR 9542G - X		Non-Reporting ltr (1st):	
SHC 1883B - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (2nd):	
CC3/III16000650/Kwb3q2 14/06/2016 SHC 5588C SHC 1883B 11/01/2016 16/06/2016 LSP		Non-Reporting ltr (Final):	
CS/ASM21012655/Gvy3e2 20/05/2022 SGY 9640D SHC 1883B 11/12/2021 20/05/2022 NMY		Notification ltr (if non-pickup):	
		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:		