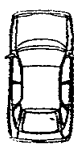


**ASSIGNMENT**Surveyor: **MARCUS**

DOI: \_\_\_\_\_

Date / Time : **21.11.2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 2194A**Claim No. : **S2M04F4M**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

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

Make / Model : **Toyota Prius**

Excess Sec II : \$

D.O.A : **17/11/2022 18:15**Place of Accident : **19 Tai Seng Ave, Singapore 534054**

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

If NO, Driver Name / Age : **NEDUNCHEZIAN S/O SUPPIAH**

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****GBJ 1237B**INSRS: **ZOOM**  
WSP: **AUTOWERKS**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date | Created By                                                              | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
| GBJ 1237B -                                                                                                                                                          | CS3/CTH19006254/Bcd3s2 17/04/2019 SGU 380J GBJ 1237B 06/04/2019 18/04/2019 LST1        | Non-Reporting ltr (1st):                                                |                                                   |
| SHC 2194A -                                                                                                                                                          | CC3/AIG12002157/H1b1g2j2 20/07/2012 SHC 2194A SCP 3232H 01/02/2012 27/07/2012 LST1     | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      | CC3/AIG14017367/H1b1g2j2 06/03/2015 SHC 2194A SJL 1417T 09/09/2014 10/03/2015 LST1     | Non-Reporting ltr (Final):                                              |                                                   |
|                                                                                                                                                                      | CC3/III18019326/Khb3q2 08/05/2019 SHD 957Z SHC 2194A 20/10/2018 09/05/2019 LST1        | Notification ltr (if non-pickup):                                       |                                                   |
|                                                                                                                                                                      | CC4/ASM18019221/K1pa3s2 06/12/2019 SHC 2194A SHD 957Z 20/10/2018 06/12/2019 LST1       | Call to:                                                                |                                                   |
|                                                                                                                                                                      | CC4/III15021868/Gzg3q2 05/08/2016 SJR 7184T SHC 2194A 21/12/2015 08/08/2016 LST1       | After call ltr to OI:                                                   |                                                   |
|                                                                                                                                                                      | CC4/III19009786/Uga3q2 24/06/2020 FBN 2520E SHC 2194A 13/05/2019 24/06/2020 LST1       |                                                                         |                                                   |
|                                                                                                                                                                      | CS1/III12011911/Ufk3 25/06/2012 SJS 92R SHC 2194A 01/01/2012 28/06/2012 LPY            |                                                                         |                                                   |
|                                                                                                                                                                      |                                                                                        | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>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"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                                        | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                        | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____                                                   | Confirm by: _____                                                       |                                                   |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>4,800.00</b> ( <b>5</b> days) Reduction: <b>69</b> %                            | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>23/03/2023</b> Confirm with <b>ELIN</b>                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>14</b>                              | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ <b>4,800.00</b>                                                                    |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>665.00</b> ( <b>7</b> days) x \$95                                              |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                                        |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                                                        |                                                                         |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                        |                                                                         |                                                   |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>38.45</b>                                                                       |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$                                                                                    | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |                                                   |
| 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>5,503.45</b> <b>Global Sum S\$: 5,500.00</b>                                    |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                                                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <b>5,500.00</b> Name 1: <b>Zoom Autowerks Pte Ltd</b>                              |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                                            |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                                            |                                                                         |                                                   |