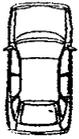


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30.11.2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2398P Claim No. : S2M04FI0
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679
 Insured Tel No. : _____ HP: _____ Make / Model : Toyota Prius
Excess Sec II :S\$ _____ D.O.A : 10/09/2022 14:00 Place of Accident : Yishun Ring Rd, Singapore
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

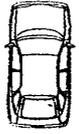
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

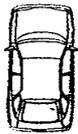
(V/L: YES / NO)

Insured Liability : %

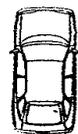
Final ? Yes / No

SMQ 8902B

INSRS:
WSP: CHENG HOE
Tel : MOTOR PL
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SMQ 8902B - X			
SHA 2398P - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created B	Non-Reporting ltr (1st):	
CC3/ATG08011433/YDn	06/05/2008 SHA 2398P GZ 2753C 09/04/2008 06/05/2008 SCN	Non-Reporting ltr (2nd):	
CC3/AXA12003350/H1ec3f1	01/06/2012 SHA 2398P SJW 3959A 16/02/2012 12/06/2012 TLF	Non-Reporting ltr (Final):	
CC3/CTI20005990/Fps3q2	25/09/2020 SHA 2398P YP 6294Z 22/05/2020 30/09/2020 LSL1	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>
			[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 <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		