

ASSIGNMENTSurveyor: **ADRIAN**

DOI: _____

Date / Time : **05/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 5758P**Claim No. : **S2M04FVZ**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465714**

Insured Tel No. : _____ HP: _____

Make / Model : **Byd E6 (ME-2)**Excess Sec II :\$ _____ D.O.A : **02/12/2022 13:30**Place of Accident : **Banda St, Singapore**

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

If NO, Driver Name / Age : **YAP SUAT YIN**

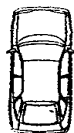
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMZ 9183EINSRS:
WSP: **Advance Auto**
Tel : **Garage**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
SMZ 9183E - X				
SHA 5758P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			Date Reported By (1st):	
NS/INC22001557/Vvy3n2 05/04/2022 SHA 5758P SJQ 5050P 29/01/2022 07/04/2022 NMY			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			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: _____				