

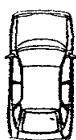
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **30/12/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SH 8323Z**Claim No. : **S2M04G0K**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2465679**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **03/12/2022 18:55**Place of Accident : **Balestier Rd, Singapore**

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If **NO**, Driver Name / Age : **LIM LOO TECK (LIN RUDE)**

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**FBA 4108T**

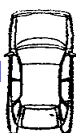
INSRS:

WSP: **Erofia Motor Trading Pte Ltd**

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	FBA 4108T - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC	
	NS/INC22012243/Nwp3e2 15/12/2022	SH 8323Z FBA 4108T 03/12/2022 16/12/2022 RAR
	SH 8323Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By DATE / PIC	
	NS/INC15017624/H1gbn2 05/11/2015	SH 8323Z GBA 6777Z 15/10/2015 09/11/2015 CKL
	NS/INC22012243/Nwp3e2 15/12/2022	SH 8323Z FBA 4108T 03/12/2022 16/12/2022 RAR
	Non-Reporting ltr (1st):	
	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:	☐
	Post-Repair Photos:	☐
	Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$ (days) Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
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:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: