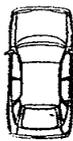| | | | LKK: |
|---|---|---|---|
| **INS. CASE OWNER:** | OH Vale | CC4/ASM23000588/Tpa3 | IDAC: 300005 |

## ASSIGNMENT

Surveyor: **TAUFIKH**    DOI: **17/01/2023**    Date / Time : **13.01.2023**

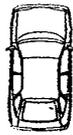Registered in Merimen: _____

**Pre-assign / CCU / FTE**

Insured Vehicle No.    :    **SHA 2040X**        Claim No.    :    **S3M04HY8**

Name of Insured    :    **COMFORT TRANSPORTATION PTE LTD**    Policy No.    :    _____

Insured Tel No.    :    _____    HP:    _____    Make / Model    :    **Hyundai I40**

**Excess Sec II :S$**        D.O.A : **03/01/2023** 12:45    Place of Accident :    **Raffles Ave., Singapore**
**TEMASEK AVENUE**

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

If **NO**, Driver Name / Age : **TAN HOON KIAT**    OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

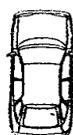Driver Tel No. : _____    (V/L: YES / NO )    Insured Liability :    %    **Final ? Yes / No**

**SLX 8822Z**    →    →    →

| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: **AUTO 101 LLP** | WSP: | WSP: | WSP: |
| Tel : | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | |
|---|---|

**SLX 8822Z - X**

SHA 2040X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date
CC3/AIG13021280/Ysb3w2 15/01/2014   SHA 2040X SGB 7103Y 09/11/2013 20/01/2014
CC3/CTI22007387/Gea3q2 03/01/2023   SHA 2040X SKX 2511Y 28/07/2022  HMK
CS/FCI13004334/Yvd1 12/03/2013   SFN 2795G SHA 2040X 25/02/2013 26/03/2013 CM
CS/FCI17004708/Kvbn2 27/03/2017   SHC 5109C SHA 2040X 05/03/2017 27/03/2017 CK
CS/FCI18007600/Ktbn2 07/05/2018   SHD 9980X SHA 2040X 19/04/2018 07/05/2018 CK
CS/FCI18017114/Utbn2 04/10/2018   SKD 2001H SHA 2040X 18/09/2018 05/10/2018 CK
NA/INC09013688/r 18/06/2009 LIM SOO YONG SFY 8225M SHA 2040X 18/06/2009 22/06/2009 LWS
NA/INC09015431/s1 10/07/2009 PANG KIAN YEW SJA 4631D SHA 2040X 10/07/2009 1
NS/INC19018340/Ftd3s2 30/10/2019   SHA 2040X SLW 6921P 15/10/2019 04/11/2019 N

| STAGE | DATE / PIC |
|---|---|
| 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:    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: | |