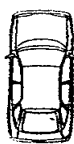


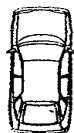
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **01.02.2023**
 Registered in Merimen: _____

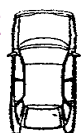
Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 2694Z** Claim No. : **S3M04IP8**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : **Hyundai Ioniq**
Excess Sec II :S\$ _____ D.O.A : **31/01/2023 14:15** Place of Accident : **Jln Ulu Sembawang, Singapore**
 Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : **GIAN MENG PIN** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMD 3865B

INSRS: **AUTOMOTIVE**
 WSP: **REPAIR**
 Tel : **CENTRE**
 Liability : **PTE LTD**
 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
SMD 3865B - X	CS/CT119005169/Asd3q2 13/05/2019 SMD 3865B PZ 1298A 19/03/2019 15/05/2019 LST1	Non-Reporting ltr (1st):
	NBA/AIG19005066/Y 20/03/2019 LAU CHEE WEE, DAVID (LIU ZHIWEI) SMD 3865B PZ 1298A 19/03/2019 25/03/2019 RBA	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: _____		