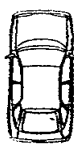


ASSIGNMENTSurveyor: **MARCUS**

DOI: _____

Date / Time : **11.04.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3636X**Claim No. : **S3M04LG5**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2478218**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **10.4.2023 17:55**Place of Accident : **Rochor Rd, Singapore**

Is driver the owner? (YES / NO)

Nature of Accident : _____

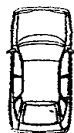
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SJT 28Y**INSRS:
WSP: **JL PERFECT
AUTOWORK
PTE LTD**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SJT 28Y - X			
SHA 3636X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC3/AIC10006959/Fbg1 04/05/2010 SHA 3636X GM 9114U 09/04/2010 05/05/2010.CYY			
CS/III14021261/H1qbd1 16/12/2014 SHA 3636X SHA 2013A 10/11/2014 16/12/2014.CKL			
		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: L/SUM S\$ 13,200.00 (9 days) Reduction: 60 %		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 04/07/2023 Confirm with JOANNE		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 13,200.00			
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ 1,000.00 (\$ 100 x 10 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 26.75			
Medical: S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$350.00	
Total: S\$ 14,226.75 Global Sum S\$: 14,200.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 14,200.00	Name 1: JL PERFECT AUTOWORK PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		