

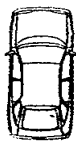
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **09.05.2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3811G**Claim No. : **S3M04LVH**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2478218**

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **21/04/2023 12:30**Place of Accident : **Gopeng St, Singapore**

Is driver the owner? (YES / NO)

Nature of Accident : _____

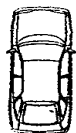
100AM SHOPPING MALLIf **NO**, Driver Name / Age : **TAN CHENG KWONG**

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

Driver Tel No. : _____

(V/L: YES / NO)

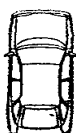
Insured Liability : _____ %

Final ? Yes / No**SNK 1814M**

INSRS:

WSP: **JSSM**Tel : **AUTOSOLUTIONS**Liability : **PTE LTD**

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
SNK 1814M - X			
SHA 3811G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By			
CC4/III19021306/Upa3q2 31/01/2020 XE 2678X SHA 3811G 30/11/2019 03/02/2020 HMK			
CS/MSG18011287/Dtbn2 23/08/2018 SHA 3811G SKB 6729B 19/08/2018 23/08/2018 CKL			
NS/INC13007443/H1tu2 01/05/2013 SHA 3811G YM 5046X 19/04/2013 06/04/2013 HYN			
		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: _____			