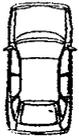


INS. CASE OWNER:

**ASSIGNMENT**

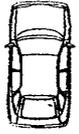
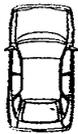
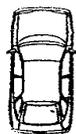
Surveyor: KENNETH DOI: \_\_\_\_\_ Date / Time : 30.05.2023  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : SHB 6381E Claim No. : S3M04MVEName of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2478218

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_

Excess Sec II : \$ \_\_\_\_\_ D.O.A : 26/05/2023 10:05 Place of Accident : Bayfront Ave, Singapore

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

If NO, Driver Name / Age : NORKHAIRIN BIN MASWARI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No****SNK 1572K**INSRS:  
WSP: Thiam Heng  
Tel : Huat Pte Ltd  
Liability:  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
<b>SNK 1572K - X</b>			
SHB 6381E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Reporting By		Notification Itr (1st):	
CC4/ASM22004350/Apa3q2 03/04/2023 SJJ 3106M SHB 6381E 04/05/2022 13/04/2023 HMK		Non-Reporting Itr (2nd):	
CC4/III16016614/R1eb3q2 29/11/2016 SJY 5168S SHB 6381E 28/08/2016 30/11/2016 SP		Non-Reporting Itr (Final):	
CS/FCH15012321/M11bd1 12/10/2015 SHB 6381E SHB 4328Z 17/07/2015 15/10/2015 CRT		Notification Itr (if non-pickup):	
CS/SMR2206854/Dvy3m4 05/01/2023 SHB 6381E SHB 5618E 17/07/2022 06/01/2023 NMY		Call OI:	
		After call Itr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification Itr (if non-pickup)	<input type="checkbox"/>
		After call Itr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>			
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ _____			
Medical: S\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent )			
Legal Cost S\$ _____			
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____			
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: S\$ _____ Name 1: _____			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			