

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **04.07.2023**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 3309A** Claim No. : **S3M04NUD**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **P2478218**
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$_____ D.O.A : **03/07/2023** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

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

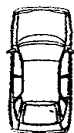
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SND 7967C

INSRS:
WSP: **HD Perfect**
Tel : **Autowork Pte Ltd.**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SND 7967C - X			
SHD 3309A - Reference Entry	Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
CC3/AIG12019351/H1a2a3z1 05/11/2012 SHD 3309A SFL 8269E 04/10/2012 07/11/2012 HMK		Non-Reporting ltr (2nd):	
CC4/FCI20009412/R1da3q2 02/10/2020 GBE 2988G SHD 3309A 01/09/2020 15/10/2020 HMK		Non-Reporting ltr (Final):	
CS/FCI18013644/T1sbn2 03/09/2018 SLT 8413S SHD 3309A 16/07/2018 04/09/2018 CKL		Notification ltr (if non-pickup):	
CS/INC09019904/Ch 16/09/2009 SHD 3309A SFL 7061T 02/09/2009 15/09/2009 CPH		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:		