

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 19/07/2023 Date / Time : 19/07/2023  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 7335M Claim No. : S3M0406X  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2478218  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$\$ D.O.A : 14/07/2023 20:05 Place of Accident : ECP AFTER MARINE PARADE  
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

SJY 6876A



INSRS:  
WSP: AUTO UNITED  
Tel : SG PTE LTD  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time			
<b>SJY 6876A - X</b>		<b>STAGE</b>	<b>DATE / PIC</b>
SHA 7335M - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closed Date Created By			
CC3/AIG09009143/Yq1 10/06/2009 SHA 7335M SGY 4343U 25/04/2009 30 06/2009 TCF			
CC4/III20001273/Kga3q2 03/09/2020 SLP 402Y SHA 7335M 19/01/2020 03 09/2020 MK (Final):			
NS/INC11016790/H1qn 23/09/2011 SHA 7335M SGE 9847E 18/08/2011 26 09/2011 SSG			
Notification of (if non-pickup):			
Call OI:			
After call ltr to OI:			
<b>Documentation Check List: Handler Typist</b>			
Notification ltr (if non-pickup)		<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:		<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:		<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:		<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:		<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:		<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice		<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :		<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:		<input type="checkbox"/>	<input type="checkbox"/>
PIR:		<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:		<input type="checkbox"/>	<input type="checkbox"/>
LOD		<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:		<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <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\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format:	
Legal Cost S\$ _____		3) Survey fee:	
<b>Total: S\$ _____ 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: _____			