15/5/2010

<table>
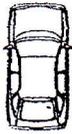<tr><td>INS. CASE OWNER: KAREN TAN</td><td>CC4/FCI20001079/&ha3 9 v</td><td>LKK:
IDAC:</td></tr>
</table>

ASSIGNMENT

Surveyor: OSP DOI: 7/1/2020 Date / Time : **16/01/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHD 6566D**	Claim No. : **D20000399MFSH**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD**	Policy No. : **D-20094922MFSH**
Insured Tel No. : _____ HP: _____	Make / Model : **HYUNDAI IONIQ**
Excess Sec II :S$	D.O.A : 14/01/2020 07:45 Place of Accident : **UPP BUKIT TIMAH ROAD**
Is driver the owner? (YES /(NO))	Nature of Accident :
If **NO**, Driver Name / Age : **NORMAN BIN ATAN**	OI GIA REPORT:(YES)/ NO ; TP GIA REPORT: YES /(NO)
Driver Tel No. : **+65-92761429** (V/L: YES / NO)	Insured Liability : % **Final ? Yes / No**

SMH 7932T →→ → →
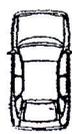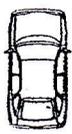
INSRS:
WSP: **TOH AH SWEE**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMH 7932T	CC3/CTI20000963/Fea3; DOA: 14.01.2020	Non-Reporting ltr (1st):	
	SHD 6566D	NBA/CTI20000881/Y; DOA: 14.01.2020	Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	*** CLAIMING EASH OTHERS ***		Notification ltr (if non-pickup):	
13/02/2020	FIVE REVIEWED. CONFLICTING VERSIONS.		Call OI:	
	OI/D REPORTED BOTH CHANGED LANE. TP		After call ltr to OI:	
	REPORTED ONLY OI CHANGED LANE		**Documentation Check List: Handler Typist**	
	- TYPE REPORT FIRST		Notification ltr (if non-pickup)	
	- FCI AGREED 50/50.		After call ltr to OI:	
	- TP LOD IN BY EMAIL		Authorisation To Act:	✓
	- REPORT DONE		Release Voucher:	✓
13/02/2020	- SEEK MANDATE APPROVAL TO FCI		Final Repair Bill:	✓
14/02/2020	- FCI APPROVED MANDATE		Car Rental Invoice:	
	- SEND SOT OFFER TO TP		Towing Invoice:	
25/02/2020	- TP ACCEPTED OFFER		LTA / GIA :	✓
	- ALL DOCO IN ORDER		Medical Bill:	
	- TO CLOSE.		PIR:	
			Mandate/Reject Instruction:	✓
			LOD	✓
			Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: **07/02/2020** Sent By: **AB**

Post-Repair Photos:
Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: L/S	S$ **800.00** (**3** days) Reduction: **660** %		Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: **25/02/20** Confirm with **SALLY** Email [✓] Call [ ]

Final Liability:	% **50** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) $ 856.00	S$ **428.00**	(BOTH CHANGED LANE)	
Loss of Rental (LOR): –	S$ – (days)		
Loss of Use (LOU) $150	S$ **75.00** ($50 x **3** days)		
Loss of Income (LOI): –	S$ – ($ x days)		
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]			
GIA/LTA Search $7.45	S$ **7.45**	1) Claim status: Normal/Reject/Private Settle	
Medical: –	S$ –	2) Report Format:	
Disbursement: –	S$ – (e.g. Tow/ Independent)	3) Survey fee: $350.00	
Legal Cost: –	S$ –		
Total: $1,013.45	S$ **510.45** Global Sum S$: –		

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email [ ] Call [ ]

Payee 1:	S$ **510.45**	Name 1: **TOH AH SWEE SPRAY PAINTING CO.**
Payee 2: (Strike if N.A.)	S$ –	Name 2: –
Payee 3: (Strike if N.A.)	S$ –	Name 3: –