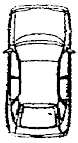
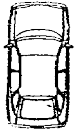


ASSIGNMENT

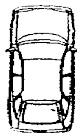
Surveyor: XGQ DOI: 09/04/2020 Date / Time : 09/04/2020
Registered in Merimen: 09/04/2020

Pre-assign / CCU / FTE

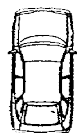
Insured Vehicle No. : SH 6494B Claim No. : _____
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : _____
Insured Tel No. : 65508768 HP: _____ Make / Model : _____
Excess Sec II :\$S\$ _____ D.O.A : 30/03/2020 Place of Accident : MARGARET DRIVE
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____
If NO, Driver Name / Age : KOH HWEE TONG OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO
Driver Tel No. : 97867777 (V/L: ☒ YES / NO) Insured Liability : % **Final ? Yes / No**

SMM 1951B

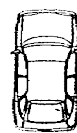
INSRS:
WSP: RICO 60 AUTO
Tel : SERVICE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMM 1951B - X NBA/INC20004966/Y 30/03/2020		STAGE	DATE / PIC
	SH 6494B - NBA/INC20004966/Y 30/03/2020		Non-Reporting ltr (1st):	
	CC4/III16021012/Uyb3q2 02/11/2016		Non-Reporting ltr (2nd):	
	CC4/III19000189/R1pa3q2 29/12/2018		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			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\$ 2,200.00 (6 days) Reduction: 93 %		Email	☐ Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with Yvonne		Email	☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	\$S\$ 2,354.00			
Loss of Rental (LOR):	\$S\$ 900.00 (9 days) X \$100			
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 Settlement	
Disbursement:	\$S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	\$S\$ -		3) Survey fee: \$600	
Total:	\$S\$ 3,254.00	Global Sum \$S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email	☐ Call ☐
Payee 1:	\$S\$ 3,254.00	Name 1:	Rico 60 Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	\$S\$	Name 2:		
Payee 3: (Strike if N.A.)	\$S\$	Name 3:		