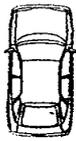


ASSIGNMENT

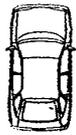
Surveyor: MARCUS DOI: 24/04/2020 Date / Time : 24/04/2020
 Registered in Merimen: _____

Pre-assign / CCU / FTE

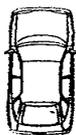
Insured Vehicle No. : SH 8487J Claim No. : D20001523MFSH
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : _____ HP: _____ Make / Model : TOYOTA PRIUS
 Excess Sec II : S\$ _____ D.O.A : 15/03/2020 Place of Accident : LICHI AVE AND WILLOW AVE
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : ENG YEW LIM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : +65-96227706 (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

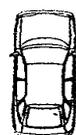
FBK 2469L



INSRS:
WSP: BAN HOCK HIN
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	FBK 3469L - X		
	SH 8487J - SS/TP08005757/Vvb 29/12/2007	Non-Reporting ltr (1st):	
	CC3/AIG13009569/M1j3a3q2 25/05/2013	Non-Reporting ltr (2nd):	
		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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/S S\$ 1,850.00	(5 days) Reduction: 3,864.20/68%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 14/8/2020	Confirm with RAYMOND	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 9 (A)	If NO or B 28, Ass. Lia :	
Repair Cost: (w/ GST) S\$ 1,979.50			
Loss of Rental (LOR): S\$ _____	(_____ days)		
Loss of Use (LOU): S\$ 100.00	(\$ 20 x 5 days)		
Loss of Income (LOI): S\$ _____	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search S\$ 7.45			
Medical: S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____	(e.g. Tow/ Independent)	2) Report Format:	TP
Legal Cost S\$ _____		3) Survey fee:	\$350
Total: S\$ 2,086.95	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 2,086.95	Name 1: BAN HOCK HIN CO. PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		