

INS. CASE OWNER:

CC4 / III 2000 6121 / Kps3

LKK:

IDAC:

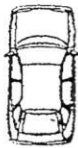
## ASSIGNMENT

Surveyor: Kenneth

DOI: \_\_\_\_\_

Date / Time: 03/06/2020Registered in Merimen: 03/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 9462Z

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 02/06/2020

Place of Accident : \_\_\_\_\_

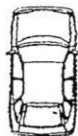
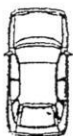
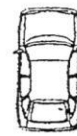
Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SLT 3476T

INSRS:  
WSP: ESTEEM  
Tel : PERFORMANCE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date / Time                                                                                                                                                          | STAGE                                                  | DATE / PIC                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                                      | SLT 3476T : X                                          |                                                              |
|                                                                                                                                                                      | SH 9462Z : CC3/AXA11007325/H1q1u2r1 ; DOA : 19/04/2011 |                                                              |
|                                                                                                                                                                      | Non-Reporting ltr (1st):                               |                                                              |
|                                                                                                                                                                      | 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"/>                                     |
|                                                                                                                                                                      | After call ltr to OI:                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Authorisation To Act:                                  | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Release Voucher:                                       | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Final Repair Bill:                                     | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Car Rental Invoice:                                    | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Towing Invoice                                         | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | LTA / GIA :                                            | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Medical Bill:                                          | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | PIR:                                                   | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Mandate/Reject Instruction:                            | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | LOD                                                    | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Payment Breakdown Form:                                | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Post-Repair Photos:                                    | <input type="checkbox"/>                                     |
|                                                                                                                                                                      | Others:                                                | <input type="checkbox"/>                                     |
| 31/08/2020                                                                                                                                                           | Pls refer to VIEWS for details.                        |                                                              |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____                                                                                                                   |                                                        |                                                              |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____                                                                                                  |                                                        |                                                              |
| Repair Cost: P/P                                                                                                                                                     | S\$ 3,448.89 ( 5 days) Reduction: 32 %                 | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 31/08/2020 Confirm with: Carmen Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                  |                                                        |                                                              |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : NIL           | If NO or B 28, Ass. Lia :                                    |
| Repair Cost: (w/GST)                                                                                                                                                 | S\$ 3,690.31                                           |                                                              |
| Loss of Rental (LOR):                                                                                                                                                | S\$ 359.75 ( 5 days) x \$71.95                         |                                                              |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                        |                                                              |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                        |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input 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:                                            |
| Legal Cost                                                                                                                                                           | S\$                                                    | 3) Survey fee:                                               |
| Total:                                                                                                                                                               | S\$ 4,057.51 Global Sum S\$: 4,050.00                  |                                                              |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                           |                                                        |                                                              |
| Payee 1:                                                                                                                                                             | S\$ 4,050.00 Name 1: Esteem Performance Pte Ltd        |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                            |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                            |                                                              |