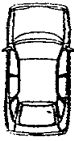


ASSIGNMENTSurveyor: **MARCUS**DOI: **26.06.2020**Date / Time : **25.06.2020**Registered in Merimen: **25.06.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHB 6232C**Claim No. : **MCT20060235**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____

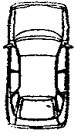
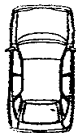
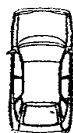
Make / Model : **TOYOTA PRIUS****Excess Sec II :S\$** _____ D.O.A : **22.06.2020 12:10**Place of Accident : **PASIR PANJANG RD >> ALEXANDRA RD**

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : **LIM THYE SING**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****FBM 9732U**INSRS:
WSP: **BAN HOCK HIN**
Tel : **CO.PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	FBM 9732U - X	STAGE	DATE / PIC		
	SHB 6232C - CC3/AXA11016287/H1hc3q2 ; 08/08/2011	Non-Reporting ltr (1st):			
	CC3/III16024792/Keb3q2 ; 23/12/2016	Non-Reporting ltr (2nd):			
	CC4/III20001173/Qga3q2 ; 13/01/2020	Non-Reporting ltr (Final):			
	NS/INC13002627/H1y1u2 ; 05/02/2013	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: P/P	S\$ 1737.60	(3 days) Reduction: 1781.40	% 50	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 06/08/2020	Confirm with RAYMOND	Email ☒	Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: (W/GST)	S\$ 1859.23				
Loss of Rental (LOR):	S\$ (days)				
Loss of Use (LOU):	S\$ 60.00 (\$ 20 x 3 days)				
Loss of Income (LOI):	S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [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: 350.00		
Total:	S\$ 1926.68	Global Sum S\$:			
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒	Call ☐	
Payee 1:	S\$ 1926.68	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:			