

INS. CASE OWNER:

CC4 / FCI 2000 7116 / R1es3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

RASUL

DOI:

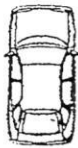
08/07/2020

Date / Time :

08/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6229B

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 01/07/2020

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 / NO

Driver Tel No. :

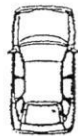
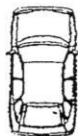
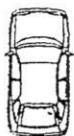
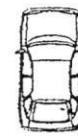
(V/L: ☒ YES / NO )

Insured Liability :

%

Final ? Yes / No

GBF 5003D

INSRS:  
WSP: VENDA  
Tel: ENGINEERING  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time                                                                     | GBF 5003D : X                                                                         | STAGE                                                         | DATE / PIC                                        |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
|                                                                                | SH 6229B : CS/FCI19018292/Usd3n2 ; DOA : 14/10/2019                                   | 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"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | After call ltr to OI:                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Authorisation To Act:                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Release Voucher:                                              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Final Repair Bill:                                            | <input 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 type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Medical Bill:                                                 | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | PIR:                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Mandate/Reject Instruction:                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | LOD                                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Payment Breakdown Form:                                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Post-Repair Photos:                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                |                                                                                       | Others:                                                       | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                             | Date/Time:                                                                            | Sent By:                                                      |                                                   |
| FINALIZATION                                                                   | Date/Time:                                                                            | Confirm with:                                                 | Confirm by: MRB                                   |
| Repair Cost:                                                                   | L/S S\$ 1,600.00 ( 2 days) Reduction: 32 %                                            | Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                   |
| FINAL SETTLEMENT                                                               | Date/Time: 18.09.20 Confirm with PEI JIN                                              | Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                   |
| Final Liability:                                                               | % 100 (Agreed / Assessed) BOLA S/N No. : 9                                            | If NO or B 28, Ass. Lia :                                     |                                                   |
| Repair Cost:                                                                   | w/GST S\$ 1,712.00                                                                    | OID MAKE A LEFT TURN AT T JUNCTION HIT TP                     |                                                   |
| Loss of Rental (LOR):                                                          | S\$ - ( days)                                                                         |                                                               |                                                   |
| Loss of Use (LOU):                                                             | S\$ 300.00 (\$ 100 x 3 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/ <del>Reject/Private Settlement</del> |                                                   |
| Disbursement:                                                                  | S\$ - (e.g. Tow/ Independent )                                                        | 2) Report Format: TP                                          |                                                   |
| Legal Cost                                                                     | S\$ -                                                                                 | 3) Survey fee: \$350                                          |                                                   |
| Total:                                                                         | S\$ 2,019.45 Global Sum S\$:                                                          |                                                               |                                                   |
| FINAL PAYMENT                                                                  | Date/Time: 18.09.20 Confirm with: PEI JIN                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                                   |
| Payee 1:                                                                       | S\$ 2,019.45 Name 1: VENDA ENGINEERING & TRADING PTE LTD                              |                                                               |                                                   |
| Payee 2: (Strike if N.A.)                                                      | S\$ Name 2:                                                                           |                                                               |                                                   |
| Payee 3: (Strike if N.A.)                                                      | S\$ Name 3:                                                                           |                                                               |                                                   |