

INS. CASE OWNER:

CC4 / FCI 2000 7222 / Kgs3

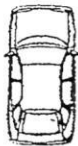
LKK:

IDAC:

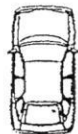
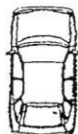
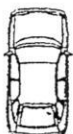
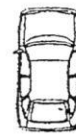
ASSIGNMENT

Surveyor: KennethDOI: 13/07/2020Date / Time : 13/07/2020Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 3260XClaim No. : Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : S\$ D.O.A : 07/07/2020Place 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

SGL 3689Y

INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SGL 3689Y : CC4/AIG07000718/RCn ; DOA : 02/09/2007 SHA 3260X : CC3/AIG18012552/K1ha3q2 ; DOA : 07/07/2018		STAGE	DATE / PIC
			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)	☐ ☐
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/S	S\$ 2350.00	(4 days) Reduction: 3931.96 % 63	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: 04/02/2021	Confirm with VRONICA	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2514.50	W/GST		
Loss of Rental (LOR):	S\$ 500.00	(5 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 Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$350.00	
Total:	S\$ 3014.50	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 3,014.50	Name 1: CITY AUTO PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		