

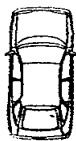
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **04/09/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SHA 3260X**Claim No. : **D20003489MFSH**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **D-20094922MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **31/08/2020**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

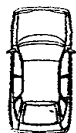
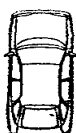
If **NO**, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SJW 3138C**
 INSRs:
 WSP: **PERFORMANCE**
 Tel : **MOTORS LTD**
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time			
	SHA3260X - CC3/AIG18012552/K1ha3q2 ; 07/07/2018	STAGE	DATE / PIC
	CC4/FCI20007222/Kks3 ; 07/07/2020	Non-Reporting ltr (1st):	
	SJW 3138C - NBA/III17006555/Y ; 02.04.17	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:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	S\$ 3,892.00 (5 days) Reduction: 23 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/11/2020 Confirm with Caroline	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 4,164.44 (OID REVERSED)		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 280.00 (\$ 70 x 4 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
Total:	S\$ 4,444.44	Global Sum S\$: 4,445.00 (Approved by FCI)	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ 4,445.00	Name 1:	Performance Motors Limited
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	