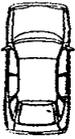


**ASSIGNMENT**

Surveyor: KENNETH DOI: 11/09/2020 Date / Time : 11/09/2020  
 Registered in Merimen:     

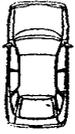
**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHA 1406G Claim No. :                       
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :                       
 Insured Tel No. :                      HP:                      Make / Model :                       
**Excess Sec II :\$**                      D.O.A : 10/09/2020 11:45 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**

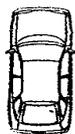
**SHD 9231A**



INSRS:  
WSP: TRANS-CAB  
Tel : AUTO  
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     



INSRS:  
WSP:                       
Tel :                       
Liability :                       
RMKS:                     

Date/ Time	STAGE	DATE / PIC
SHA 1406G - CC3/AXA12023340/H1hf3c3 ; 01/12/2012	Non-Reporting ltr (1st):	
CC3/FCI16001676/Kqh3n2 ; 25/01/2016	Non-Reporting ltr (2nd):	
CS/FCI16018432/Aqh3n2 ; 28/09/2016	Non-Reporting ltr (Final):	
CS/FCI19010762/Aqd3n2 ; 14/06/2019	Notification ltr (if non-pickup):	
CS1/III10013649/Kfq1 ; 06/11/2005	Call OI:	
NA/CTI16018361/h4 ; 28/09/2016	After call ltr to OI:	
NS/INC12010204/H1qr2 ; 19/05/2012	<b>Documentation Check List: Handler Typist</b>	
NS/INC12016280/H1qn ; 19/08/2012	Notification ltr (if non-pickup)	<input type="checkbox"/>
NS/INC19021702/Fqf3n2 ; 07/12/2019	After call ltr to OI:	<input type="checkbox"/>
SHD 9231A - CC3/AIG20001639/Kbs3 ; 25/01/2020	Authorisation To Act:	<input checked="" type="checkbox"/>
CC3/AXA12018691/Kv1dq2 ; 23/09/2012	Release Voucher:	<input checked="" type="checkbox"/>
CC3/AXA13017232/Kpy3w2 ; 11/09/2013	Final Repair Bill:	<input checked="" type="checkbox"/>
CC3/FCI12018942/Ky1k3 ; 21/08/2012	Car Rental Invoice:	<input checked="" 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 checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: <u>                    </u> Sent By: <u>                    </u>	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> Confirm by: <u>                    </u>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Repair Cost: <b>\$S 4,567.48</b> ( 3 days) Reduction: <b>68</b> %		
<b>FINAL SETTLEMENT</b> Date/Time: <u>20/11/2020</u> Confirm with <u>Ng Wai Yin</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: <b>% 100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) <b>\$S 4,887.20</b>		
Loss of Rental (LOR): <b>\$S 529.90</b> ( 5 days) X <b>\$105.98</b>		
Loss of Use (LOU): <b>\$S -</b> (\$ x days)		
Loss of Income (LOI): <b>\$S -</b> (\$ 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 <b>\$S -</b>		
Medical: <b>\$S -</b>	1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement: <b>\$S -</b> (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost <b>\$S -</b>	3) Survey fee: <b>\$500</b>	
<b>Total: \$S 5,417.10</b> <b>Global Sum \$S: 5,400.00</b>		
<b>FINAL PAYMENT</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: <b>\$S 5,400.00</b> Name 1: <b>Trans-Cab Auto Services Pte Ltd</b>		
Payee 2: (Strike if N.A.) <b>\$S</b> Name 2: <u>                    </u>		
Payee 3: (Strike if N.A.) <b>\$S</b> Name 3: <u>                    </u>		