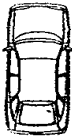


ASSIGNMENT

Surveyor: Adrian DOI: 06/10/2020 Date / Time : 06/10/2020
 Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 3260X
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 04/10/2020

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

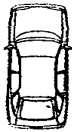
If NO, Driver Name / Age : _____

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

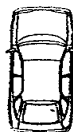
Driver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

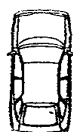
SJG 5236Z → → → → →



INSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJG 5236Z : NA/INC20010630/z4 ; DOA : 04/10/2020		STAGE	DATE / PIC
	SHA 3260X : CC4/FCI20007222/Kks3 ; DOA : 07/07/2020		Non-Reporting ltr (1st):	
	: CC4/FCI20009443/R1da3 ; DOA : 31/08/2020		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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: <u>LWP</u>	
Repair Cost:	<u>L/S</u>	S\$ <u>13,000.00</u> (<u>18</u> days) Reduction: <u>63</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>18.08.21</u> Confirm with <u>MELODY</u>			Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100%</u>	
Repair Cost:	<u>w/GST</u>	S\$ <u>13,910.00</u> <u>5VEH CC OID LAST</u>		
Loss of Rental (LOR):	S\$ <u>1,800.00</u>	(<u>18</u> days) X \$100		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☒	LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ -		1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ <u>160.00</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -		3) Survey fee: <u>\$600</u>	
Total:	S\$ <u>15,877.45</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time: <u>18.08.21</u> Confirm with: <u>MELODY</u>			Email ☐	Call ☐
Payee 1:	S\$ <u>15,877.45</u>	Name 1: <u>TWINCAR AUTOMOTIVE PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		