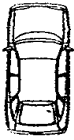


ASSIGNMENTSurveyor: MarcusDOI: 16/12/2020Date / Time : 16/12/2020Registered in Merimen: 16/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHA 4052Z

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

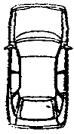
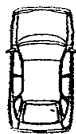
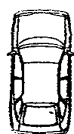
Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/12/2020

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No**SLW 8007RINSRS:
WSP: **SOC LEON**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLW 8007R : X	STAGE DATE / PIC
	SHA 4052Z : CC3/CTI17007685/K1ka3n2 ; DOA : 14/04/2017	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: ☐ ☐
08/03/2021	SETTLED AND CLOSED / NO PHY FILE	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: L/S	S\$ 1,500.00 (3 days) Reduction: 34.45 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/03/2021 Confirm with IRENE LEONG	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,500.00	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ 180.00 (\$ 60 x 3 days)	Insured driver turning while third party driving straight.
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ _____	
Medical:	S\$ _____	1) Claim status: <u>Normal</u> /Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ _____	3) Survey fee: \$350.00
Total:	S\$1,680.00 Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ 1,680.00 Name 1: SOC LEON MOTOR WORKS	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	