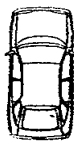


ASSIGNMENTSurveyor: **KENNETH**DOI: **18/12/2020**Date / Time : **18/12/2020**Registered in Merimen: **22/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 4414M**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **17/12/2020**

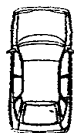
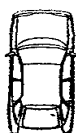
Place of Accident : _____

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

If NO, Driver Name / Age : _____

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

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

Insured Liability : % **Final ? Yes / No****SHD 15S**INSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 15S - CC3/AIG15007267/K1za3s2 ; 24/04/2015	Non-Reporting ltr (1st):	
	CC3/AIG16022413/Keg3s2 ; 21/11/2016	Non-Reporting ltr (2nd):	
	CC3/AIG17021339/Keb3s2 ; 04/11/2017	Non-Reporting ltr (Final):	
	CC4/AXA16011631/H1hb3q2 ; 22/06/2016	Notification ltr (if non-pickup):	
	CS/FCI11006346/Ufg1 ; 04/04/2011	Call OI:	
	NA/INC08024859/Aw1 ; 01/09/2008	After call ltr to OI:	
	SHA 4414M - CC3/CTI16006825/H1yg3q2 ; 13/04/2016	Documentation Check List:	Handler
	CC3/III17009684/H1ea3q2 ; 15/05/2017	Notification ltr (if non-pickup)	☐
	NS/INC18011762/K1rbn2 ; 27/06/2018	After call ltr to OI:	☐
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice	☐
		LTA / GIA :	☐
10/03/2021	SETTLED AND CLOSED / NO PHY FILE	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\$ 3,200.00 (4 days) Reduction: 68.80 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/03/2021 Confirm with WAI YIN	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 3,424.00		
Loss of Rental (LOR):	S\$ 405.65 (5 days) x \$81.13		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 40 x 5 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: \$500.00	
Total:	S\$ 4,029.65 Global Sum S\$: 3,900.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 3,900.00 Name 1: TRANS-CAB AUTO SERVICES PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		