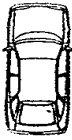


ASSIGNMENTSurveyor: MarcusDOI: 09/11/2021Date / Time : 09/11/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 8336T

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

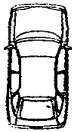
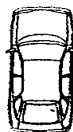
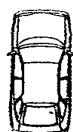
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/11/2021

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****SLE 3296A**INSRS:
WSP: LEE BROTHERS
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLE 3296A : NA/LIP21011431/T1 ; DOA : 09/11/2021	STAGE DATE / PIC
	SHC 8336T : NS/INC20008592/T1qf3n2 ; DOA : 13/08/2020	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
14/01/2022	Pls refer to VIEWS for details.	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: <u>L/sum</u> S\$ <u>3,000.00</u> (<u>4</u> days) Reduction: <u>54</u> %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>14/01/2022</u> Confirm with <u>Ivy</u>		Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>3,210.00</u>		
Loss of Rental (LOR): S\$ <u>400.00</u> (<u>4</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>36.45</u>		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$		3) Survey fee: <u>\$350.00</u>
Total: S\$ <u>3,646.45</u> Global Sum S\$: <u>3,600.00</u>		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ <u>3,600.00</u> Name 1: <u>Lee Brothers Automotive Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		