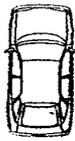


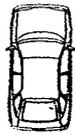
INS. CASE OWNER:

**ASSIGNMENT**

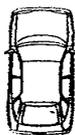
Surveyor: MARCUS DOI: 09/03/2022 Date / Time : 09/03/2022  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

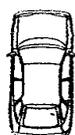
Insured Vehicle No. : SHC 8945K Claim No. : S2M03V6U  
Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : P2465679  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :\$ D.O.A : 04/03/2022 20:00 Place of Accident : 220A Pasir Ris Street 21, Singapore 511220 - MSCP  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
If NO, Driver Name / Age : MOHD OMAR BIN JAAFAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

**SMF 2632C**

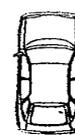
INSRS:  
WSP: LEE BRO  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SMF 2632C - X</b>		
	<b>SHC 8945K - CS/FCI16014263/M1gbc2; 29/07/2016</b>	Non-Reporting ltr (1st):	
	<b>CS/TMI17012924/K1gh3n2; 02/07/2017</b>	Non-Reporting ltr (2nd):	
	<b>NA/INC08031742/r; 01/12/2008</b>	Non-Reporting ltr (Final):	
	<b>NS/INC09025490/Ch; 11/11/2009</b>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: <b>CKS</b>	
Repair Cost: <b>L/S</b> S\$ <b>3,850.00</b> ( <b>3</b> days) Reduction: <b>65%</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>10.05.22</b> Confirm with <b>IVY</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>23</b>		If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>3,905.50</b> ( <b>AXA RECOMMEND</b> )		<b>OI REVERSE PARKING LOT AND HIT TP PARKED V</b>	
Loss of Rental (LOR): S\$ <b>750.00</b> ( <b>5</b> days) x \$150			
Loss of Use (LOU): S\$ <b>-</b> (\$ x days)			
Loss of Income (LOI): S\$ <b>-</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 S\$ <b>7.45</b>			
Medical: S\$ <b>-</b>		1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$ <b>-</b>		3) Survey fee: <b>\$350</b>	
<b>Total:</b> S\$ <b>4,662.95</b> Global Sum S\$: <b>4,650.00</b>			
<b>FINAL PAYMENT</b>	Date/Time: <b>10.05.22</b> Confirm with: <b>IVY</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>4,650.00</b> Name 1: <b>LEE BROTHERS AUTOMOTIVE PTE LTD</b>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			