

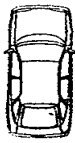
ASSIGNMENT

Surveyor:

DOI:

Date / Time : 29/08/20202

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1351U

Claim No. : S2M049TN

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465714

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 25/08/2022 23:40

Place of Accident : 729 Jurong West Ave 5, Singapore

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

If NO, Driver Name / Age : YEO GEK SOON JOSEPH

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLJ 448Y

INSRS:
WSP: Teamwork
Tel : Garage Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SLJ 448Y - Reference	CC4/EQI18012269/Vw63q2	27/12/2018	SMB 8033M	SLJ 448Y 27/06/2018	31/12/2018	LSP	
NA/EQI18011764/z4	27/06/2018	LIEW NAM KWONG	SLJ 448Y	SMB 8033M	27/06/2018	HZT	
SHC 1351U - Reference	CC3/AIG12017283/H1a2q2p1	26/09/2012	SHC 1351U	SBP 3883R	01/09/2012	CCU	
NA/INC09001438/r	19/01/2009	SIM CHEE KIONG	SDD 613M	SHC 1351U	18/01/2009	LWS	
NS/INC12003099/H1f2	28/06/2012	SHC 1351U	SGA 8398L	11/02/2012	02/07/2012	LPY	
NS/INC17023095/K1bn2	22/12/2017	SHC 1351U	SJP 319D	03/12/2017	26/12/2017	CKL	
Documentation Check List:							
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:							
Post-Repair Photos:							
Others:							
PRELIMINARY ADVICE Date/Time: Sent By:							
FINALIZATION Date/Time: Confirm with: Confirm by:							
Repair Cost:	L/SUM	S\$ 4,900.00	(7 days)	Reduction: 60	%	Email	Call
FINAL SETTLEMENT Date/Time: 04/07/2023 Confirm with: Darren Email: [X] Call: [X]							
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	26	If NO or B 28, Ass. Lia :	
Repair Cost:	7%GST	S\$ 5,243.00					
Loss of Rental (LOR):	S\$	(days)					
Loss of Use (LOU):	S\$	400.00 (\$ 50 x 8 days)					
Loss of Income (LOI):	S\$	(\$ x days)					
LOR only	[X]	LOU only	[X]	LOR + LOU	[X]	[Tick only one]	
GIA/LTA Search	S\$	7.45					
Medical:	S\$						
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$						
Total:	S\$	5,650.45	Global Sum S\$:	5,650.00			
FINAL PAYMENT Date/Time: Confirm with: Email: Call:							
Payee 1:	S\$	5,650.00	Name 1:	Teamwork Garage Pte Ltd			
Payee 2: (Strike if N.A.)	S\$		Name 2:				
Payee 3: (Strike if N.A.)	S\$		Name 3:				