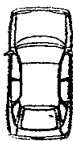


**ASSIGNMENT**Surveyor: SUN PINDOI: 16/04/2020Date / Time : 16/04/2020Registered in Merimen: 16/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 8613T

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

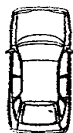
Make / Model : \_\_\_\_\_

Excess Sec II : \$

D.O.A : 26/03/2020Place of Accident : MOUNT ALVENIA HOSPITAL SHUTTLE BUS PICK UP POINTIs driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_If NO, Driver Name / Age : CHAI CHOONG KAMOI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : 93360093(V/L: ☒ YES / NO )

Insured Liability : %

Final ? Yes / No

PC 4293PINSRS:  
WSP: SMRT  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        |                                              |                                    |                                         |                                               |                               |
|-----------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|-----------------------------------------------|-------------------------------|
|                                   | PC 4293P - X                                 |                                    |                                         | <b>STAGE</b>                                  | <b>DATE / PIC</b>             |
|                                   |                                              |                                    |                                         | Non-Reporting ltr (1st):                      |                               |
|                                   | SHC 8613T - CS/INC09005333/Yn 09/03/2009     |                                    |                                         | Non-Reporting ltr (2nd):                      |                               |
|                                   | NA/INC09005388/p1 09/03/2009                 |                                    |                                         | Non-Reporting ltr (Final):                    |                               |
|                                   |                                              |                                    |                                         | Notification ltr (if non-pickup):             |                               |
|                                   |                                              |                                    |                                         | Call OI:                                      |                               |
|                                   |                                              |                                    |                                         | After call ltr to OI:                         |                               |
|                                   |                                              |                                    |                                         | <b>Documentation Check List:</b>              | <b>Handler</b>                |
|                                   |                                              |                                    |                                         | Notification ltr (if non-pickup)              | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | After call ltr to OI:                         | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Authorisation To Act:                         | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Release Voucher:                              | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Final Repair Bill:                            | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Car Rental Invoice:                           | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Towing Invoice                                | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | LTA / GIA :                                   | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Medical Bill:                                 | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | PIR:                                          | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Mandate/Reject Instruction:                   | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | LOD                                           | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Payment Breakdown Form:                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                                   |                                    | Sent By:                                | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                   |                                              |                                    |                                         | Others:                                       | <input type="checkbox"/>      |
| <b>FINALIZATION</b>               | Date/Time:                                   |                                    | Confirm with:                           | Confirm by: <u>OSP</u>                        |                               |
| Repair Cost:                      | <u>L/S</u> S\$ <u>700.00</u>                 | ( <u>2</u> days)                   | Reduction: <u>79</u> %                  | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <u>12.03.21</u>                   |                                    | Confirm with: <u>PATRICK</u>            | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| 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>749.00</u>               |                                    | <u>OID HIT TP STATIONARY VEHICLE</u>    |                                               |                               |
| Loss of Rental (LOR):             | S\$ -                                        | ( days)                            |                                         |                                               |                               |
| Loss of Use (LOU):                | S\$ <u>600.00</u>                            | ( \$ <u>150</u> x <u>4</u> days)   |                                         |                                               |                               |
| Loss of Income (LOI):             | S\$ -                                        | ( \$ x days)                       |                                         |                                               |                               |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/>      | [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: <u>TP</u>                   |                               |
| Legal Cost                        | S\$ -                                        |                                    |                                         | 3) Survey fee: <u>\$350</u>                   |                               |
| <b>Total:</b>                     | S\$ <u>1,349.00</u>                          |                                    | <b>Global Sum S\$:</b> <u>1,340.00</u>  |                                               |                               |
| <b>FINAL PAYMENT</b>              | Date/Time: <u>12.03.21</u>                   |                                    | Confirm with: <u>PATRICK</u>            | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Payee 1:                          | S\$ <u>1,340.00</u>                          | Name 1:                            | <u>SMRT AUTOMOTIVE SERVICES PTE LTD</u> |                                               |                               |
| Payee 2: (Strike if N.A.)         | S\$                                          | Name 2:                            |                                         |                                               |                               |
| Payee 3: (Strike if N.A.)         | S\$                                          | Name 3:                            |                                         |                                               |                               |