

## ASSIGNMENT

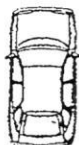
Surveyor: RASUL

DOI: 10/06/2020

Date / Time : 10/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8579C

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

Name of Insured : COMFORT TRANSPORTATION PTE LTD

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

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$S\$ D.O.A:30/05/2020

Place of Accident : \_\_\_\_\_

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

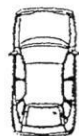
If NO, Driver Name / Age :

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

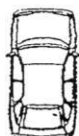
Driver Tel No. : (V/L: YES / NO )

| Insured Liability : | % | Final ? Yes / No |
|---------------------|---|------------------|
|                     |   |                  |

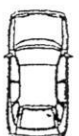
SJX 9876K



INSRS:  
WSP: TRANS  
Tel: EUROKARS  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

|                                                                                                                                                                      |                                                      |                                     |                                                                                   |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------|
| Date/ Time                                                                                                                                                           |                                                      |                                     | STAGE                                                                             | DATE / PIC                                        |
|                                                                                                                                                                      | SJX 9876K : X                                        |                                     | Non-Reporting ltr (1st):                                                          |                                                   |
|                                                                                                                                                                      | SH 8579C : CS/FCI18011894/R1vd3e2 ; DOA : 05/04/2018 |                                     | Non-Reporting ltr (2nd):                                                          |                                                   |
|                                                                                                                                                                      |                                                      |                                     | Non-Reporting ltr (Final):                                                        |                                                   |
|                                                                                                                                                                      |                                                      |                                     | Notification ltr (if non-pickup):                                                 |                                                   |
|                                                                                                                                                                      |                                                      |                                     | Call OI:                                                                          |                                                   |
|                                                                                                                                                                      |                                                      |                                     | After call ltr to OI:                                                             |                                                   |
|                                                                                                                                                                      |                                                      |                                     | Documentation Check List:                                                         | Handler      Typist                               |
|                                                                                                                                                                      |                                                      |                                     | 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"/> |
| PRELIMINARY ADVICE                                                                                                                                                   | Date/Time:                                           | Sent By:                            | Post-Repair Photos:                                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                      |                                     | Others:                                                                           | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION                                                                                                                                                         | Date/Time:                                           | Confirm with:                       | Confirm by:                                                                       |                                                   |
| Repair Cost:      P/P                                                                                                                                                | S\$ 3377.50      ( 3      days)                      | Reduction: 2984.40      % 47        | Email <input type="checkbox"/> Call <input type="checkbox"/>                      |                                                   |
| FINAL SETTLEMENT                                                                                                                                                     | Date/Time: 17/02/2021                                | Confirm with TOMMY                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>           |                                                   |
| Final Liability:                                                                                                                                                     | % 100      (Agreed / Assessed)                       | BOLA S/N No. : 27                   | If NO or B 28, Ass. Lia :                                                         |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ 3613.93      W/GST                               |                                     |                                                                                   |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$      (      days)                                |                                     |                                                                                   |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 300.00      (\$ 100 x 3      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: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                                   |
| Disbursement:                                                                                                                                                        | S\$      (e.g. Tow/ Independent )                    |                                     | 2) Report Format:      TP                                                         |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                  |                                     | 3) Survey fee:      \$350.00                                                      |                                                   |
| Total:                                                                                                                                                               | S\$ 3,913.93                                         | Global Sum S\$:                     |                                                                                   |                                                   |
| FINAL PAYMENT                                                                                                                                                        | Date/Time:                                           | Confirm with:                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>           |                                                   |
| Payee 1:                                                                                                                                                             | S\$ 3,913.93                                         | Name 1:      TRANS EUROKARS PTE LTD |                                                                                   |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                  | Name 2:                             |                                                                                   |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                  | Name 3:                             |                                                                                   |                                                   |