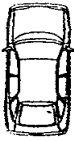


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **21/08/2020**Registered in Merimen: **17/08/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 3745P**Claim No. : **MCT20080246**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

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

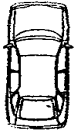
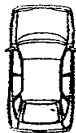
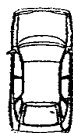
Make / Model : **HYUNDAI I40****Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **16/08/2020 00:45**Place of Accident : **THE CLEARWATER BEDOR RESERVOIR VIEW**

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

If **NO**, Driver Name / Age : **NEO HEN TECK**

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

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

Insured Liability : % **Final ? Yes / No****SJK 1125R**INSRS:  
WSP: **SME MOTOR**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                     | STAGE                                                                   | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | SJK 1125R - CS3/AXA15014993/Fbc2 ; 29/08/2015                       | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | CS3/AXA15014993/Gqbc2-1 ; 29/08/2015                                | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      | SHA 3745P - CC4/III20004779/Uga3 ; 28/03/2020                       | Non-Reporting ltr (Final):                                              |                                                   |
|                                                                                                                                                                      | CC6/III17005959/Kea3q2 ; 24/03/2017                                 | Notification ltr (if non-pickup):                                       |                                                   |
|                                                                                                                                                                      | CS/LAW18010854/Uvbe2 ; 01/10/2017                                   | Call OI:                                                                |                                                   |
|                                                                                                                                                                      | CS/TMI19019499/Fsf3e2 ; 02/11/2019                                  | After call ltr to OI:                                                   |                                                   |
|                                                                                                                                                                      | NA/INC20004640/z4 ; 28/03/2020                                      | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b>                      |
| 11/10/2020                                                                                                                                                           | Pls refer to Views for details.                                     | 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: _____                                                       |                                                   |
| Repair Cost: <b>P/P</b>                                                                                                                                              | S\$ <b>4,512.58</b> ( <b>4</b> days) Reduction: <b>45</b> %         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>11/10/2020</b> Confirm with <b>Ying</b>               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>10</b>           | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <b>W/GST</b>                                                                                                                                            | S\$ <b>4,828.46</b>                                                 |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>720.00</b> ( <b>4</b> days) x \$180.00                       |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                     |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ 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>36.45</b>                                                    |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$                                                                 | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |                                                   |
| Disbursement:                                                                                                                                                        | S\$ <b>42.00</b> (Audatex Fee) (e.g. <del>Taxes/Independent</del> ) | 2) Report Format: <b>TP</b>                                             |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                                 | 3) Survey fee: <b>\$350.00</b>                                          |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>5,626.91</b> <b>Global Sum S\$:</b>                          |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <b>5,626.91</b> Name 1: <b>SME Motor Pte Ltd</b>                |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                         |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                         |                                                                         |                                                   |