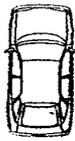


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : **04/11/2020**  
 Registered in Merimen: **---**

**Pre-assign / CCU / FTE**

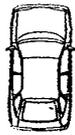
Insured Vehicle No. : **SHD 6978Z** Claim No. : **D20004152MFSH**  
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **D-20094922MFSH**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **HYUNDAI I40**  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **14/09/2020 02:10** Place of Accident : **MSCP OF BLK716A TAMPINES STREET 71**  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : **A AZIZ B ABU**

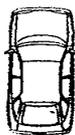
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

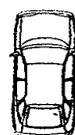
(V/L: YES / NO)

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SMT 2022P**

INSRS:  
WSP: **VOLKSWAGEN**  
Tel : **CENTRE**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time   |   | STAGE   | DATE / PIC  |
|--|---|---|---|
|  | <b>SMT 2022P - X</b>                                  | Non-Reporting ltr (1st):                                  |   |
|  | <b>SHD 6978Z - CS/FCI17008370/H1rbn2 - 26/04/2017</b> | Non-Reporting ltr (2nd):                                  |   |
|  |   | Non-Reporting ltr (Final):                                |   |
|  |   | Notification ltr (if non-pickup):                         |   |
|  |   | Call OI:  |   |
|  |   | After call ltr to OI:                                     |   |
|  |   | <b>Documentation Check List: Handler 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:   |   | 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>MRB</b>                            |
| Repair Cost: <b>P/P</b> S\$ <b>2,717.00</b> ( <b>3</b> days) Reduction: <b>76</b> %  |   | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>27.02.21</b> Confirm with <b>MEIY</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>2,907.19</b>  |   | <b>OID HIT TP PARKED VEH</b>                              |   |
| Loss of Rental (LOR) <b>w/GST</b> S\$ <b>321.00</b> ( <b>3</b> days) <b>x \$100</b>  |   |   |   |
| 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>7.45</b>   |   |   |   |
| Medical: S\$ -   |   | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |   |
| Disbursement: S\$ - (e.g. Tow/ Independent )   |   | 2) Report Format: <b>TP</b>                               |   |
| Legal Cost S\$ -   |   | 3) Survey fee: <b>\$500</b>                               |   |
| <b>Total:</b> S\$ <b>3,235.64</b>  |   | <b>Global Sum S\$:</b>                                    |   |
| <b>FINAL PAYMENT</b> Date/Time: <b>27.02.21</b> Confirm with: <b>MEIY</b>  |   | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                     |
| Payee 1: S\$ <b>3,235.64</b>   | Name 1: <b>VOLKSWAGEN GROUP SINGAPORE PTE LTD</b>     |   |   |
| Payee 2: (Strike if N.A.) S\$  | Name 2:   |   |   |
| Payee 3: (Strike if N.A.) S\$  | Name 3:   |   |   |