

**ASSIGNMENT**Surveyor: KennethDOI: 08/12/2020Date / Time : 09/12/2020Registered in Merimen: 09/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SHC 8841B

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

Name of Insured : COMFORT TRANSPORTATION PTE LTD

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 05/12/2020

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SME 5204R**INSRS:  
WSP: HUI YANG  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                                               |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SME 5204R : X                                                                 | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | SHC 8841B : CS/FCI14011299/M1tbu2 ; DOA : 11/06/2014                          | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                                               | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                                               | 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:                                                                    | 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:                                                                      |
| Repair Cost: <u>L/S</u>                                                                                                                                             | S\$ <u>4,900.00</u> ( <u>6</u> days) Reduction: <u>\$6,569.96</u> % <u>57</u> | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                                               | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <u>16/07/2021</u> Confirm with <u>BEL</u>                          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>                     | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                                        | S\$ <u>5,243.00</u> <u>W/GST</u>                                              |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ ( _____ days)                                                             |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</u> days)                              |                                                                                    |
| Loss of Income (LOI):                                                                                                                                               | S\$ <u>390.00</u> (\$ <u>65</u> x <u>6</u> days)                              |                                                                                    |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                               |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$                                                                           |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                                           | 1) Claim status: <u>Normal/Reject/Private Settle</u>                               |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                                                  | 2) Report Format: <u>TP</u>                                                        |
| Legal Cost                                                                                                                                                          | S\$                                                                           | 3) Survey fee: <u>\$500.00</u>                                                     |
| <b>Total:</b>                                                                                                                                                       | S\$ <u>5,993.00</u> <b>Global Sum S\$:</b> <u>6,000.00</u>                    | <b>III'S INSTRUCTION</b>                                                           |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                                    | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                                               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ <u>6,000.00</u>                                                           | Name 1: <u>HUI YANG MOTOR PTE LTD</u>                                              |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                                                           | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                                                           | Name 3:                                                                            |