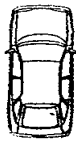


ASSIGNMENTSurveyor: XING GUO QIANGDOI: 31/12/2020Date / Time : 30/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHC 2349XClaim No. : D21000039MFSHName of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

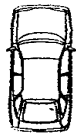
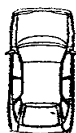
Make / Model : HYUNDAI I40Excess Sec II :\$ _____ D.O.A : 28/12/2020Place of Accident : ALONG TECK WHYE LANE

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

If NO, Driver Name / Age : CHEW SENG CHIN

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

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

Insured Liability : % **Final ? Yes / No**SKL 437EINSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SKL 437E -	NA/INC20014642/h4 ; 28.12.2020	STAGE	DATE / PIC
	SHC 2349X -	CC3/AIG07003860/Vtn ; 22/11/2007	Non-Reporting ltr (1st):	
		CS/FCI14004921/Dvm3u2 ; 13/03/2014	Non-Reporting ltr (2nd):	
		CS/FCI14022112/M1qbd1 ; 23/11/2014	Non-Reporting ltr (Final):	
		CS3/FCI15003760/Uqy3k3 ; 28/02/2015	Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			Notification ltr (if non-pickup)	☐
			After call ltr to OI:	☐
			Authorisation To Act:	☐
			Release Voucher:	☐
			Final Repair Bill:	☐
			Car Rental Invoice:	☐
			Towing Invoice	☐
			LTA / GIA :	☐
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☐
			LOD	☐
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$	(days)		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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:	PRI
Legal Cost	S\$		3) Survey fee:	\$150
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		