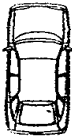


**ASSIGNMENT**

Surveyor: Adrian DOI: 30/03/2021 Date / Time : 30/03/2021  
 Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SHD 6590H  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 27/03/2021

Claim No. : S1M036NA  
 Policy No. : VFX/P2419138  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

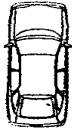
Is driver the owner? ( YES / **NO** ) Nature of Accident : \_\_\_\_\_

If **NO**, Driver Name / Age : \_\_\_\_\_

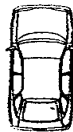
OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

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

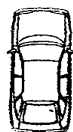
Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**SJM 4517M**

INSRS:  
WSP: **TWINCAR**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                        |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|--|--------------------------|--|--|--------------------------|--|--|----------------------------|--|--|-----------------------------------|--|--|----------|--|--|-----------------------|--|--|----------------------------------|----------------|---------------|----------------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-----|--------------------------|--------------------------|-------------------------|--|--------------------------|---------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|
|                                                                                                                   | SJM 4517M :<br>SHD 6590H : <b>NA/INC21004029/T1 ; DOA : 27/03/2021</b>   | <table border="1"> <thead> <tr> <th>STAGE</th> <th colspan="2">DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr> <tr><td>Call OI:</td><td></td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td><td></td></tr> <tr> <td><b>Documentation Check List:</b></td> <td><b>Handler</b></td> <td><b>Typist</b></td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | STAGE | DATE / PIC |  | 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:</b> | <b>Handler</b> | <b>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"/> | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| STAGE                                                                                                             | DATE / PIC                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| 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:</b>                                                                                  | <b>Handler</b>                                                           | <b>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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Post-Repair Photos:                                                                                               | <input type="checkbox"/>                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Others:                                                                                                           | <input type="checkbox"/>                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| <b>PRELIMINARY ADVICE</b>                                                                                         | Date/Time: _____ Sent By: _____                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| <b>FINALIZATION</b>                                                                                               | Date/Time: _____ Confirm with: _____                                     | Confirm by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Repair Cost: <b>L/sum</b>                                                                                         | S\$ <b>5,800.00</b> ( <b>9</b> days) Reduction: <b>56</b> %              | Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| <b>FINAL SETTLEMENT</b>                                                                                           | Date/Time: <b>20/07/2022</b> Confirm with <b>Hui Xin</b>                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Final Liability:                                                                                                  | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>                | If NO or B 28, Ass. Lia : <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Repair Cost: <b>w/GST</b>                                                                                         | S\$ <b>6,206.00</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Loss of Rental (LOR):                                                                                             | S\$ _____ ( _____ days)                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Loss of Use (LOU):                                                                                                | S\$ <b>450.00</b> (\$ <b>50</b> x <b>9</b> days)                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Loss of Income (LOI):                                                                                             | S\$ _____ (\$ _____ x _____ days)                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> | [Tick only one]                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| GIA/LTA Search                                                                                                    | S\$ <b>7.45</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Medical:                                                                                                          | S\$ _____                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Disbursement:                                                                                                     | S\$ <b>100.00</b> (e.g. Tow/ independent )                               | 1) Claim status: Normal/Reject/Private Settle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Legal Cost                                                                                                        | S\$ _____                                                                | 2) Report Format: <b>TP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| <b>Total:</b>                                                                                                     | S\$ <b>6,763.45</b> Global Sum S\$: <b>6,350.00 (as per AXA mandate)</b> | 3) Survey fee: <b>\$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| <b>FINAL PAYMENT</b>                                                                                              | Date/Time: _____ Confirm with: _____                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Payee 1:                                                                                                          | S\$ <b>6,350.00</b> Name 1: <b>Twincar Automotive Pte Ltd</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Payee 2: (Strike if N.A.)                                                                                         | S\$ _____ Name 2: _____                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |
| Payee 3: (Strike if N.A.)                                                                                         | S\$ _____ Name 3: _____                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |            |  |                          |  |  |                          |  |  |                            |  |  |                                   |  |  |          |  |  |                       |  |  |                                  |                |               |                                  |                          |                          |                       |                          |                          |                       |                          |                          |                  |                          |                          |                    |                          |                          |                     |                          |                          |                |                          |                          |             |                          |                          |               |                          |                          |      |                          |                          |                             |                          |                          |     |                          |                          |                         |  |                          |                     |                          |                          |         |                          |                          |