

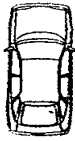
INS. CASE OWNER:

**ASSIGNMENT**Surveyor: **ADRIAN**

DOI: 15/04/2021

Date / Time : 15/04/2021

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHD 7217E**Claim No. : **S1M0382H**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

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

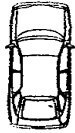
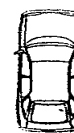
Make / Model : **HYUNDAI IONIQ****Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **14/04/2021 15:44**Place of Accident : **AYE, Singapore**

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

If NO, Driver Name / Age : **SIM DAVID**

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

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

Insured Liability : % **Final ? Yes / No****SJA 6655Y**INSRS:  
WSP: **SmartOne**  
Tel : **Auto Pte. Ltd.**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                          | STAGE                                                                   | DATE / PIC                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                                      | <b>SJA 6655Y - X</b>                                                     | Non-Reporting ltr (1st):                                                |                              |
|                                                                                                                                                                      | <b>SHD 7217E - CC4/FCI20000163/Uda3n2 ; 20/12/2019</b>                   | Non-Reporting ltr (2nd):                                                |                              |
|                                                                                                                                                                      | <b>CS/CTI19017124/Dyf3n2 ; 24/09/2019</b>                                | Non-Reporting ltr (Final):                                              |                              |
|                                                                                                                                                                      | <b>CS/FCI19020609/Ktd3n2 ; 17/11/2019</b>                                | Notification ltr (if non-pickup):                                       |                              |
|                                                                                                                                                                      | <b>NA/CTI19016870/r3 ; 24/09/2019</b>                                    | Call OI:                                                                |                              |
|                                                                                                                                                                      |                                                                          | After call ltr to OI:                                                   |                              |
|                                                                                                                                                                      |                                                                          | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b> |
| 12/07/2021                                                                                                                                                           | Pls refer to VIEWS for details.                                          | Notification ltr (if non-pickup)                                        | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | After call ltr to OI:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Authorisation To Act:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Release Voucher:                                                        | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Final Repair Bill:                                                      | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Car Rental Invoice:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Towing Invoice                                                          | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | LTA / GIA :                                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Medical Bill:                                                           | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | PIR:                                                                    | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Mandate/Reject Instruction:                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | LOD                                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Payment Breakdown Form:                                                 | <input type="checkbox"/>     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                          | Post-Repair Photos:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                                          | Others:                                                                 | <input type="checkbox"/>     |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____                                     | Confirm by:                                                             |                              |
| Repair Cost: <b>L/sum</b>                                                                                                                                            | <b>S\$ 7,400.00</b> ( 6 days) Reduction: <b>70</b> %                     | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                              |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>12/07/2021</b> Confirm with <b>Michelle</b>                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                              |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                | If NO or B 28, Ass. Lia :                                               |                              |
| Repair Cost:                                                                                                                                                         | <b>S\$ 7,400.00</b>                                                      |                                                                         |                              |
| Loss of Rental (LOR):                                                                                                                                                | <b>S\$ 910.00</b> ( 7 days) <b>x\$130.00</b>                             |                                                                         |                              |
| Loss of Use (LOU):                                                                                                                                                   | <b>S\$</b> (\$ x days)                                                   |                                                                         |                              |
| Loss of Income (LOI):                                                                                                                                                | <b>S\$</b> (\$ x days)                                                   |                                                                         |                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                          |                                                                         |                              |
| GIA/LTA Search                                                                                                                                                       | <b>S\$ 7.45</b>                                                          |                                                                         |                              |
| Medical:                                                                                                                                                             | <b>S\$</b>                                                               | 1) Claim status: Normal/Reject/Private Settle                           |                              |
| Disbursement:                                                                                                                                                        | <b>S\$</b> (e.g. Tow/ Independent )                                      | 2) Report Format: <b>TP</b>                                             |                              |
| Legal Cost                                                                                                                                                           | <b>S\$</b>                                                               | 3) Survey fee: <b>\$350.00</b>                                          |                              |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 8,317.45</b> <b>Global Sum S\$: 7,900.00 (as per AXA mandate)</b> |                                                                         |                              |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                              |
| Payee 1:                                                                                                                                                             | <b>S\$ 7,900.00</b> Name 1: <b>Smartone Auto Pte Ltd</b>                 |                                                                         |                              |
| Payee 2: (Strike if N.A.)                                                                                                                                            | <b>S\$</b> Name 2:                                                       |                                                                         |                              |
| Payee 3: (Strike if N.A.)                                                                                                                                            | <b>S\$</b> Name 3:                                                       |                                                                         |                              |