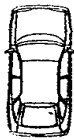


**ASSIGNMENT**Surveyor: TaufikhDOI: 13/07/2021Date / Time : 12/07/2021Registered in Merimen: 12/07/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SBX 113H

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

Name of Insured : TAN GEOK KIAN

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

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

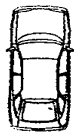
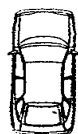
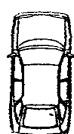
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 10/07/2021

Place of Accident : \_\_\_\_\_

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

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

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No****SHC 2546T**INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                        | SHC 2546T : NS/INC20005151/Fqf3e2 ; DOA : 08/04/2020<br>SBX 113H : X |                                                  | 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>                |
|                                                                                                                   |                                                                      |                                                  | 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"/>      |
|                                                                                                                   |                                                                      |                                                  | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                                                                                   |                                                                      |                                                  | Others:                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                         | Date/Time:                                                           | Sent By:                                         |                                               |                               |
| <b>FINALIZATION</b>                                                                                               | Date/Time:                                                           | Confirm with:                                    | Confirm by:                                   |                               |
| Repair Cost: <b>P/P</b>                                                                                           | S\$ <b>2,668.72</b> ( <b>3</b> days) Reduction: <b>39</b> %          |                                                  | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                           | Date/Time: <b>10/09/2021</b>                                         | Confirm with <b>Jim</b>                          | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Final Liability:                                                                                                  | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>24</b>            |                                                  | If NO or B 28, Ass. Lia :                     |                               |
| Repair Cost: <b>w/GST</b>                                                                                         | S\$ <b>2,855.53</b>                                                  |                                                  |                                               |                               |
| Loss of Rental (LOR):                                                                                             | S\$ <b>505.88</b> ( <b>4</b> days) x S\$126.47                       |                                                  |                                               |                               |
| Loss of Use (LOU):                                                                                                | S\$ (\$ x days)                                                      |                                                  |                                               |                               |
| Loss of Income (LOI):                                                                                             | S\$ <b>200.00</b> (\$ <b>50</b> x <b>4</b> days)                     |                                                  |                                               |                               |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> | [Tick only one]                                                      |                                                  |                                               |                               |
| GIA/LTA Search                                                                                                    | S\$ <b>2.00</b>                                                      |                                                  |                                               |                               |
| Medical:                                                                                                          | S\$                                                                  |                                                  | 1) Claim status: Normal/Reject/Private Settle |                               |
| Disbursement:                                                                                                     | S\$ (e.g. Tow/ Independent )                                         |                                                  | 2) Report Format: <b>TP</b>                   |                               |
| Legal Cost                                                                                                        | S\$                                                                  |                                                  | 3) Survey fee: <b>\$320.00</b>                |                               |
| <b>Total:</b>                                                                                                     | S\$ <b>3,563.41</b>                                                  | <b>Global Sum S\$: 3,560.00</b>                  |                                               |                               |
| <b>FINAL PAYMENT</b>                                                                                              | Date/Time:                                                           | Confirm with:                                    | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Payee 1:                                                                                                          | S\$ <b>3,560.00</b>                                                  | Name 1: <b>ComfortDelGro Engineering Pte Ltd</b> |                                               |                               |
| Payee 2: (Strike if N.A.)                                                                                         | S\$                                                                  | Name 2:                                          |                                               |                               |
| Payee 3: (Strike if N.A.)                                                                                         | S\$                                                                  | Name 3:                                          |                                               |                               |