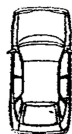


ASSIGNMENTSurveyor: ThevanDOI: 06/08/2021Date / Time : 10/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 5253T

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

Name of Insured : POH MENG ENGINEERING PTE LTD

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04/08/2021

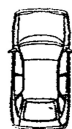
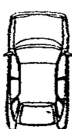
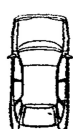
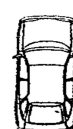
Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: ☒ YES / NO )Insured Liability : % **Final ? Yes / No**SHB 2993RINSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | STAGE                                                        | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| SHB 2993R : CC3/TMI19013895/K1sf3e2 ; DOA : 06/08/2019                                                                                                               | Non-Reporting ltr (1st):                                     |                                                   |
| GBG 5253T : X                                                                                                                                                        | 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"/> <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: <b>TTK</b>                                                                                      |                                                              |                                                   |
| Repair Cost: <b>P/P</b> S\$ <b>6,295.32</b> ( <b>3</b> days' Reduction: <b>33</b> %                                                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>24.09.21</b> Confirm with <b>CATHERINE</b> Email <input 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>w/GST</b> S\$ <b>6,735.99</b> <b>OID REAR ENDED TP</b>                                                                                               |                                                              |                                                   |
| Loss of Rental (LOR): S\$ <b>770.40</b> ( <b>6</b> days) <b>X \$128.40</b>                                                                                           |                                                              |                                                   |
| Loss of Use (LOU): S\$ <b>-</b> (\$ <b>x</b> days)                                                                                                                   |                                                              |                                                   |
| Loss of Income (LOI): S\$ <b>300.00</b> (\$ <b>50</b> x <b>6</b> days)                                                                                               |                                                              |                                                   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> [Tick only one] |                                                              |                                                   |
| GIA/LTA Search S\$ <b>7.49</b>                                                                                                                                       |                                                              |                                                   |
| Medical: S\$ <b>-</b>                                                                                                                                                | 1) Claim status: Normal/Reject/Private Settle                |                                                   |
| Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )                                                                                                                  | 2) Report Format: <b>TP</b>                                  |                                                   |
| Legal Cost S\$ <b>-</b>                                                                                                                                              | 3) Survey fee: <b>\$400</b>                                  |                                                   |
| <b>Total:</b> S\$ <b>7,813.88</b> <b>Global Sum S\$: 7,800.00</b>                                                                                                    |                                                              |                                                   |
| <b>FINAL PAYMENT</b> Date/Time: <b>24.09.21</b> Confirm with: <b>CATHERINE</b> Email <input type="checkbox"/> Call <input type="checkbox"/>                          |                                                              |                                                   |
| Payee 1: S\$ <b>7,800.00</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: _____                                                                                                                    |                                                              |                                                   |