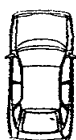


**ASSIGNMENT**Surveyor: **ADRIAN**

DOI: 12/10/2021

Date / Time : 11/10/2021 - &gt; 15/10/2021

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SHC 3211C**Claim No. : **S1M03JOM - > S1M03JRF**Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **P2419138**

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

Make / Model : **Toyota Hiace****Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **09/10/2021 15:15**Place of Accident : **JURONG TOWN HALL ROAD  
TOWARDS BUKIT BATOK  
BEFORE PIE FLYOVER**

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

If NO, Driver Name / Age : **ONG KWEE HUAN**

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

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

Insured Liability : % **Final ? Yes / No****GBK 7128M**INSRS:  
WSP: **SIN FATT  
DIESEL  
MOTOR**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                 |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                      | GBK 7128M - X                                   | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                      | SHC 3211C - CC3/CT19007719/K1eb3q2 ; 29/04/2019 | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                      | CC4/AlG21002583/T1ba3q2 ; 23/02/2021            | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                      | CS/INC08031769/Ycj ; 02/12/2008                 | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                      |                                                 | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                      |                                                 | Call OI:                                                                           |
|                                                                                                                                                                      |                                                 | After call ltr to OI:                                                              |
|                                                                                                                                                                      |                                                 | <b>Documentation Check List: Handler 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"/>          |
| <b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____                                                                                                            |                                                 | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                      |                                                 | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____                                                                                           |                                                 |                                                                                    |
| Repair Cost: <b>L/SUM</b> S\$ <b>6,000.00</b> ( <b>7</b> days) Reduction: <b>70</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>                   |                                                 |                                                                                    |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>26/1/2022</b> Confirm with <b>CHRIS</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                |                                                 |                                                                                    |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b> If NO or B 28, Ass. Lia :                                                                |                                                 |                                                                                    |
| Repair Cost: S\$ <b>6,000.00</b>                                                                                                                                     |                                                 |                                                                                    |
| Loss of Rental (LOR): S\$ <b>700.00</b> ( <b>7</b> days) x \$100.00                                                                                                  |                                                 |                                                                                    |
| Loss of Use (LOU): S\$ (\$ x days)                                                                                                                                   |                                                 |                                                                                    |
| Loss of Income (LOI): S\$ (\$ 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 S\$ <b>7.45</b>                                                                                                                                       |                                                 |                                                                                    |
| Medical: S\$                                                                                                                                                         |                                                 | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |                                                 | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$                                                                                                                                                       |                                                 | 3) Survey fee: <b>350.00</b>                                                       |
| <b>Total:</b> S\$ <b>6,707.45</b> <b>Global Sum S\$: 6,700.00 (APPROVE BY AXA)</b>                                                                                   |                                                 |                                                                                    |
| <b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>                                               |                                                 |                                                                                    |
| Payee 1: S\$ <b>6,700.00</b> Name 1: <b>SIN FATT DIESEL MOTOR</b>                                                                                                    |                                                 |                                                                                    |
| Payee 2: (Strike if N.A.) S\$ Name 2:                                                                                                                                |                                                 |                                                                                    |
| Payee 3: (Strike if N.A.) S\$ Name 3:                                                                                                                                |                                                 |                                                                                    |