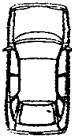


Surveyor: BryanDOI: ASSIGNMENT  
25/01/2022Date / Time : 25/01/2022Registered in Merimen: 25/01/2022Pre-assign / CCU / FTE —Insured Vehicle No. : FBJ 3580XClaim No. : 1202200000975Name of Insured : CHAN YONG HUAPolicy No. : PNMC2021-00001721

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

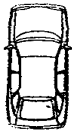
Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 21/01/2022

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**SGT 7277JINSRS:  
WSP: C. S. ONG  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                  |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SGT 7277J : NA/GAI18009146/h4 ; DOA : 20/05/2018 | STAGE                                                                              |
|                                                                                                                                                                     | FBJ 3580X : X                                    | 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:                                                              |
|                                                                                                                                                                     |                                                  | Documentation Check List: Handler Typist                                           |
|                                                                                                                                                                     |                                                  | 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"/>          |
| PRELIMINARY ADVICE                                                                                                                                                  | Date/Time:                                       | Sent By:                                                                           |
|                                                                                                                                                                     |                                                  | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                  | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| FINALIZATION                                                                                                                                                        | Date/Time:                                       | Confirm with:                                                                      |
| Repair Cost: L/sum                                                                                                                                                  | S\$ 2,700.00 ( 4 days) Reduction: 92 %           | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| FINAL SETTLEMENT                                                                                                                                                    | Date/Time: 15/07/2022                            | Confirm with Ms Ong                                                                |
|                                                                                                                                                                     |                                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % 100 (Agreed / Assessed) BOLA S/N No. : NIL     | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                                        | S\$ 2,889.00                                     |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ 400.00 ( 4 days) x \$100                     |                                                                                    |
| 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 + LO <input type="checkbox"/> [Tick only one] |                                                  |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$ 36.45                                        |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                              | 1) Claim status: Normal/Reject/Private Settlement                                  |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                     | 2) Report Format: TP                                                               |
| Legal Cost                                                                                                                                                          | S\$                                              | 3) Survey fee: \$500.00                                                            |
| Total:                                                                                                                                                              | S\$ 3,325.45                                     | Global Sum S\$:                                                                    |
| FINAL PAYMENT                                                                                                                                                       | Date/Time:                                       | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ 3,325.45                                     | Name 1: C. S. Ong Auto Pte Ltd                                                     |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                              | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                              | Name 3:                                                                            |