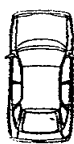


ASSIGNMENT

s3

Surveyor: TAUFIKHDOI: 23/06/2020Date / Time : 25/06/2020Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SKN 4161M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 22/06/2020Place of Accident : MARYMOUNT ROAD TWDS AMK

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**SHC 1094LINSRS:
WSP: CDGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 1094L - CC4/III18023194/Deb3s2 ; 23/12/2018	STAGE	DATE / PIC
	CC4/III19011322/Kwb3q2 ; 06/06/2019	Non-Reporting ltr (1st):	
	CC4/III19013666/R1ga3q2 ; 26/07/2019	Non-Reporting ltr (2nd):	
	CC6/III15019668/M1wb3s2 ; 17/11/2015	Non-Reporting ltr (Final):	
	CS/III13023867/Kqm3k3 ; 12/12/2013	Notification ltr (if non-pickup):	
	CS/TMI13023612/H1gbd1 ; 12/12/2013	Call OI:	
	CS3/III16021317/Aug3s2 ; 02/11/2016	After call ltr to OI:	
	NA/AVI09001996/e1 ; 28/01/2009	Documentation Check List: Handler Typist	
	NS/INC12012440/H1fr2 ; 24/06/2012	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
	SKN 4161M - X	Authorisation To Act:	☐
		Release Voucher:	☐
		Final Repair Bill:	☐
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION Date/Time:	Confirm with:	Confirm by: <u>MTH</u>	
Repair Cost: <u>P/P</u> S\$ <u>540.00</u> (<u>2</u> days) Reduction: <u>80</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>28.05.21</u> Confirm with <u>CATHERINE</u>		Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>577.80</u>		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ <u>225.34</u> (<u>2</u> days) X \$112.67			
Loss of Use (LOU): S\$ <u>-</u> (\$ <u>x</u> days)			
Loss of Income (LOI): S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ <u>7.49</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject Private Settlement	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>	
Total: S\$ <u>910.63</u>	Global Sum S\$: <u>910.00</u>		
FINAL PAYMENT Date/Time: <u>28.05.21</u> Confirm with: <u>CATHERINE</u>		Email ☐ Call ☐	
Payee 1: S\$ <u>910.00</u>	Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		