

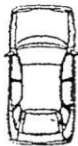
INS. CASE OWNER:

~~CC4 / AIG 2000 7098 / T1ds3~~

ASSIGNMENT

Surveyor: TAUFIKHDOI: 08/07/2020Date / Time: 08/07/2020Registered in Merimen: 08/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SBR 1000AClaim No. : 2182512857SGName of Insured : ALI REDAPolicy No. : 2100450872

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 06/07/2020

Place of Accident : _____

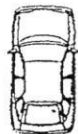
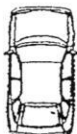
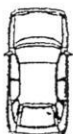
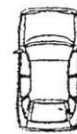
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SHA 8277R

INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 8277R : NS/INC20005069/T1yf3n2 ; DOA : 03/04/2020 SBR 1000A : CC4/AXA11005327/Aq1vk2 ; DOA : 18/03/2011	STAGE	DATE / PIC
13/07/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	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)	☐
		After call ltr to OI:	☐
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost: L/sum	\$S 2,050.00 (3 days) Reduction: 55 %		
FINAL SETTLEMENT	Date/Time: 15/07/2022 Confirm with Kazali	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 2,193.50		
Loss of Rental (LOR):	\$S 338.01 (3 days) x \$112.67		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S 150.00 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S 7.49		
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: \$320.00	
Total:	\$S 2,689.00 Global Sum \$S: 2,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S 2,500.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		