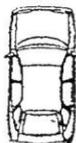


ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/07/2020 Date / Time : 08/07/2020
Registered in Merimen:

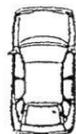
Pre-assign / CCU / FTE



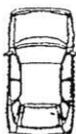
Insured Vehicle No. : SLQ 3705Z Claim No. :
Name of Insured : HUANG WEIXUAN Policy No. :
Insured Tel No. : HP: Make / Model :
Excess Sec II :SS D.O.A : 07/07/2020 Place of Accident :
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

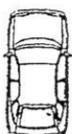
SHC 8736Y



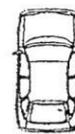
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 8736Y : SLQ 3705Z : NA/CTI20007146/h4 ; DOA : 07/07/2020	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: Confirm by: MTH	Repair Cost: L/S S\$ 950.00 (2 days) Reduction: 41 % Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 06.10.20 Confirm with: CATHERINE Email <input 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: w/GST S\$ 1,016.50 OID HIT STATIONARY TP	
Loss of Rental (LOR): S\$ 221.34 (2 days) X \$110.67	Loss of Use (LOU): S\$ - (\$ x days)	
Loss of Income (LOI): S\$ 100.00 (\$ 50 x 2 days)	LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ 7.49	Medical: S\$ -	1) Claim status: Normal Repair/Private Settlement
Disbursement: S\$ - (e.g. Tow/ Independent)	Legal Cost S\$ -	2) Report Format: TP 3) Survey fee: \$400
Total: S\$ 1,345.33 Global Sum S\$: 1,340.00		
FINAL PAYMENT Date/Time: 06.10.20 Confirm with: CATHERINE Email <input type="checkbox"/> Call <input type="checkbox"/>	Payee 1: S\$ 1,340.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
	Payee 2: (Strike if N.A.) S\$ Name 2:	
	Payee 3: (Strike if N.A.) S\$ Name 3:	