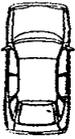


ASSIGNMENT

Surveyor: TAUFIKH DOI: 03.08.2020 Date / Time : 03.08.2020
 Registered in Merimen: 03.08.2020

Pre-assign / CCU / FTE

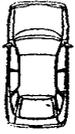
PBI



Insured Vehicle No. : SKS 2324Y Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : \$\$ D.O.A : 03.08.2020 09:15 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**

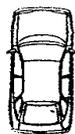
SHC 1612S



INSRS:
WSP: **CDGE**
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 1612S - CC3/CAI14018499/H1pdy3q2 ; 26/09/2014	Non-Reporting ltr (1st):	
	CC4/III18014403/T1ea3q2 ; 03/08/2018	Non-Reporting ltr (2nd):	
	CS3/III16001260/Gbd1 ; 18/01/2016	Non-Reporting ltr (Final):	
	SKS 2324Y - X	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: P/P	\$S 2,688.60 (3 days) Reduction: 12 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 07.09.21 Confirm with KAZALI	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 2,876.80	OI REAR ENDED TP	
Loss of Rental (LOR): 50%	\$S 156.49 (2.5 days) X \$125.19		
Loss of Use (LOU):	\$S - (\$ - x - days)		
Loss of Income (LOI):	\$S 125.00 (\$ 50 x 2.5 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/Reject/Private Settle	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 3,165.78	Global Sum \$S:	
FINAL PAYMENT	Date/Time: 07.09.21 Confirm with: KAZALI	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S 3,165.78 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		