

INS. CASE OWNER:

CC 4 / AIG 2000 8113 / T1es3

LKK:

IDAC:

## ASSIGNMENT

Surveyor: TaufikhDOI: 06/08/2020Date / Time : 05/08/2020Registered in Merimen: 05/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 8049H

Claim No. : \_\_\_\_\_

Name of Insured : ANDREW XU YAN JIE

Policy No. : \_\_\_\_\_

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

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

Excess Sec II : \$S \_\_\_\_\_ D.O.A : 05/08/2020

Place of Accident : \_\_\_\_\_

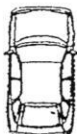
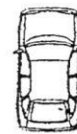
Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

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

SH 6993C

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

| Date/ Time                                                          | SH 6993C : CS/MSG19009868/K1sd3n2 ; DOA : 02/06/2019<br>SMD 8049H : X                            | STAGE                                                        | 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"/>            |
|                                                                     |                                                                                                  | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                     |                                                                                                  | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/>            |
| PRELIMINARY ADVICE                                                  | Date/Time: _____ Sent By: _____                                                                  | Confirm with: _____                                          | Confirm by: <u>MTH</u>                                       |
| FINALIZATION                                                        | Date/Time: _____ Confirm with: _____                                                             | Confirm by: <u>MTH</u>                                       | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Repair Cost:                                                        | <u>L/S</u> \$S <u>16,450.00</u> ( <u>8</u> days) Reduction: <u>42</u> %                          |                                                              |                                                              |
| FINAL SETTLEMENT                                                    | Date/Time: <u>07.09.21</u> Confirm with <u>KAZALI</u>                                            | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Final Liability:                                                    | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>                                        | If NO or B 28, Ass. Lia : <u>100%</u>                        |                                                              |
| Repair Cost:                                                        | <u>w/GST</u> \$S <u>17,601.50</u>                                                                | <u>7VEH CC OID LAST</u>                                      |                                                              |
| Loss of Rental (LOR):                                               | <u>50%</u> \$S <u>422.51</u> ( <u>7.5</u> days) <u>X</u> \$112.67                                |                                                              |                                                              |
| Loss of Use (LOU):                                                  | \$S <u>-</u> (\$ <u>x</u> days)                                                                  |                                                              |                                                              |
| Loss of Income (LOI):                                               | \$S <u>375.00</u> (\$ <u>50</u> x <u>7.5</u> 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 <u>7.49</u>                                                                                  |                                                              |                                                              |
| Medical:                                                            | \$S <u>-</u>                                                                                     | 1) Claim status: Normal/ <del>Reject/ Private Settle</del>   |                                                              |
| Disbursement:                                                       | \$S <u>-</u> (e.g. Tow/ Independent )                                                            | 2) Report Format: <u>TP</u>                                  |                                                              |
| Legal Cost                                                          | \$S <u>-</u>                                                                                     | 3) Survey fee: <u>\$320</u>                                  |                                                              |
| Total:                                                              | \$S <u>18,406.50</u> Global Sum \$S:                                                             |                                                              |                                                              |
| FINAL PAYMENT                                                       | Date/Time: <u>07.09.21</u> Confirm with: <u>KAZALI</u>                                           | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |
| Payee 1:                                                            | \$S <u>18,406.50</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: _____                                                                          |                                                              |                                                              |