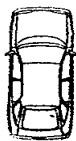


ASSIGNMENTSurveyor: **TAUFIKH**DOI: **20/08/2020**Date / Time : **20/08/2020**Registered in Merimen: **---****Pre-assign / CCU / FTE**Insured Vehicle No. : **XE 2772G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **19/08/2020 14:20**

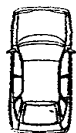
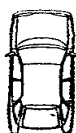
Place of Accident : _____

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****SH 8478K**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 8478K - CC3/AXA12022385/H1v1dc3 ; 17/11/2012	STAGE	DATE / PIC
	CS/FCI15001153/Atbu2 ; 06/01/2015	Non-Reporting ltr (1st):	
	NA/INC11025161/s2 ; 06/12/2011	Non-Reporting ltr (2nd):	
	NJA/INC09027555/y1 ; 07/12/2009	Non-Reporting ltr (Final):	
	XE 2772G - X	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S\$ 2,150.00	(4 days) Reduction: 30 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13.11.20	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 2,300.50	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S\$ 376.20	(3 days) X \$125.40	
Loss of Use (LOU):	S\$ -	(\$ x days)	
Loss of Income (LOI):	S\$ 150.00	(\$ x days) X \$50	
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 Secde
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$400
Total:	S\$ 2,834.19	Global Sum S\$: 2,830.00	
FINAL PAYMENT	Date/Time: 13.11.20	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S\$ 2,830.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	