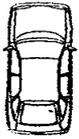


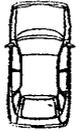
ASSIGNMENT

Surveyor: Taufikh DOI: _____ Date / Time : 10/09/2020
 Registered in Merimen: 10/09/2020

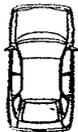
Pre-assign / CCU / FTE

Insured Vehicle No. : SML 6434A Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II : S\$ _____ D.O.A : 9/9/2020 21:00 Place of Accident : TAMPINES AVE 2 X AVE 5
 Is driver the owner? (YES / NO) Nature of Accident : _____

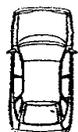
If NO, Driver Name / Age : _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

SJW 5064TSML 6434ASH 8961G

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: COMFORT
DELGRO
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SH 8961G - CC4/III17001551/Upa3q2 - 20/01/2017 CC4/III19022592/Hga3q2 - 18/12/2019	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
	SML 6434A - X	Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
05/03/2021	SETTLED AND CLOSED / NO PHY FILE	Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" 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: _____		
Repair Cost: L/S S\$ 1,150.00 (2 days) Reduction: 36.63 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 04/03/2021 Confirm with KAZALI Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0%		
Repair Cost: (W/GST) S\$ 1,230.50		
Loss of Rental (LOR): S\$ 160.90 (2 days) X \$80.45 3 veh c.c , OID = 2nd car		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$		1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$320.00
Total: S\$ 1,393.40 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 1,393.40 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		