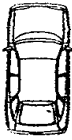


ASSIGNMENTSurveyor: TaufikhDOI: 21/09/2020Date / Time : 21/09/2020Registered in Merimen: 21/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJR 2038R

Claim No. : _____

Name of Insured : TAN WEE BENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

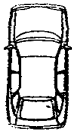
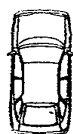
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 21/09/2020

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 8080Z → _____ → _____ → _____ → _____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 8080Z : CS/FCI16016485/R1vbm2 ; DOA : 29/08/2016		STAGE	DATE / PIC
	SJR 2038R : X		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
			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: _____	
Repair Cost: <u>L/SUM</u> S\$ <u>1,550.00</u> (<u>2</u> days) Reduction: <u>29</u> %			Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>14/9/2021</u> Confirm with <u>KAZALI</u>			Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia : _____	
Repair Cost: S\$ <u>1,658.50</u>				
Loss of Rental (LOR): S\$ <u>140.85</u> (<u>2.5</u> days) s x \$56.34				
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)				
Loss of Income (LOI): S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [Tick only one]				
GIA/LTA Search S\$ <u>2.00</u>				
Medical: S\$ _____			1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$ _____			3) Survey fee: <u>320.00</u>	
Total: S\$ <u>1,926.35</u> Global Sum S\$: _____				
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐ Call ☐	
Payee 1: S\$ <u>1,926.35</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: _____				