

**ASSIGNMENT**

Surveyor:

**Taufikh**

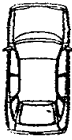
DOI:

**21/09/2020**

Date / Time :

**22/09/2020**

Registered in Merimen:

**22/09/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 2412R**

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

Name of Insured : **Avo & Co Pte Ltd**

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **19/09/2020**

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

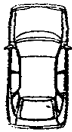
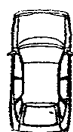
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SH 8026G**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 8026G : X                                          | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                     | GBH 2412R : CC6/EQI20002652/Uga3s2 ; DOA : 14/02/2020 | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                       | Non-Reporting ltr (2nd):                                                           |
| 25/09/2020                                                                                                                                                          | - OINR *** SENT OUT FIRST NON-REPORTING LETTER        | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                       | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                       | Call OI:                                                                           |
|                                                                                                                                                                     |                                                       | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                       | <b>Documentation Check List: Handler Typist</b>                                    |
|                                                                                                                                                                     |                                                       | 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"/>          |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                           | Date/Time:                                            | Sent By:                                                                           |
|                                                                                                                                                                     |                                                       | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                                                     |                                                       | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| <b>FINALIZATION</b>                                                                                                                                                 | Date/Time:                                            | Confirm with:                                                                      |
| Repair Cost: P/P                                                                                                                                                    | S\$ 4305.09 ( 2 days) Reduction: 501.42 % 10          | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: 16/09/2021 Confirm with KAZALI             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % 100 (Agreed / Assessed) BOLA S/N No. : 15           | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                                        | S\$ 4606.45 (W/GST)                                   |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ \$158.09 ( 2.5 days) x \$63.24 (COVID RELIEF)     |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ (\$ x days)                                       |                                                                                    |
| Loss of Income (LOI):                                                                                                                                               | S\$ 50.00 (\$ 20 x 2.5 days)                          |                                                                                    |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                       |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$                                                   |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                   | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle  |
| Disbursement:                                                                                                                                                       | S\$ (e.g. Tow/ Independent )                          | 2) Report Format: TP                                                               |
| Legal Cost                                                                                                                                                          | S\$                                                   | 3) Survey fee: \$320.00                                                            |
| <b>Total:</b>                                                                                                                                                       | S\$ 4,814.54                                          | <b>Global Sum S\$: 4,800.00</b>                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                            | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ 4,800.00                                          | Name 1: COMFORTDELGRO ENGINEERING PTE LTD                                          |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                                   | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                                   | Name 3:                                                                            |