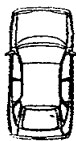


ASSIGNMENT

Surveyor:

STEVEDOI: 01/10/2020Date / Time : 01/10/2020Registered in Merimen: 01/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SGG 4004TClaim No. : 2359722560SG

Name of Insured : _____

Policy No. : 1900248795

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 30/9/2020 18:15Place of Accident : AYE TOWARDS TUAS BEFORE PORTSDOWN EXIT

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

If NO, Driver Name / Age :

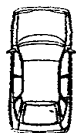
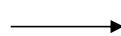
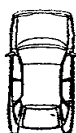
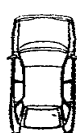
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / NoSGG 4004TSHD 4728SSLQ 5218AINSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SHD 4728S - X	SGG 4004T - 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
				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:	
Repair Cost: P/P	S\$ 8,953.60 (4 days) Reduction: 25 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 6/9/2021 Confirm with KAZALI		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0	
Repair Cost:	S\$ 9,580.35			
Loss of Rental (LOR):	S\$ 313.00 (5 days) x \$62.60			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days)			
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 Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: 320.00	
Total:	S\$ 10,150.84	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 10,150.84	Name 1:	ComfortDelgro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		