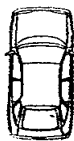


ASSIGNMENTSurveyor: **STEVE CHEN**DOI: **29/10/2020**Date / Time : **29/10/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 8391Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

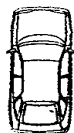
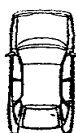
Excess Sec II :S\$ _____ D.O.A : **28/10/2020 14:50**Place of Accident : **BKE TWDS PIE TUAS AFTER EXIT 1**

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****SHD 7111B**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 7111B - X	YN 8391Z - X	STAGE	DATE / PIC
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: CTY	
Repair Cost:	P/P S\$ 895.00	(2 days) Reduction:	54 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18.11.20	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\$ 957.65	OID CHANGED LANE HIT TP		
Loss of Rental (LOR):	S\$ 233.90	(2 days) X \$116.95		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ 100.00	(\$ 50 x 2 days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒	[Tick only one]
GIA/LTA Search	S\$ 2.00			
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\$ 1,293.55	Global Sum S\$: 1,290.00		
FINAL PAYMENT	Date/Time: 18.11.20	Confirm with: CATHERINE	Email ☐	Call ☐
Payee 1:	S\$ 1,290.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		