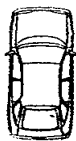


ASSIGNMENTSurveyor: **STEVE CHEN**DOI: **20/11/2020**Date / Time : **20/11/2020**Registered in Merimen: **20/11/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **GW 8512H**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

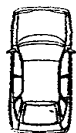
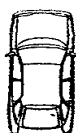
Excess Sec II : \$ _____ D.O.A : **19.11.2020 22:50**Place of Accident : **TAI CHONG CRES**

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****SHA 7049P**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 7049P - CS/FCI11016017/Ry1n ; 02/08/2011	STAGE	DATE / PIC
	CS/INC09006343/Yhw ; 23/03/2009	Non-Reporting ltr (1st):	
	CS3/FCI12002586/Uvm ; 04/02/2012	Non-Reporting ltr (2nd):	
	NA/INC09006437/r ; 23/03/2009	Non-Reporting ltr (Final):	
	NA/RSI11020687/w1 ; 09/10/2011	Notification ltr (if non-pickup):	
	SFL 1196C - CC3/AIG18014609/Gea3q2 ; 09.08.2018	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: L/SUM	S\$ 3,150.00 (2 days) Reduction: 25 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 24/01/2022 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	3,370.50 S\$ 1,685.25		
Loss of Rental (LOR):	276.68 S\$ 138.34 (2 days) x \$110.67		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	100.00 S\$ 50.00 (\$ 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 Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: 320.00	
Total:	S\$ 1,875.59 Global Sum S\$: 1,850.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 1,850.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		