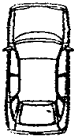


ASSIGNMENTSurveyor: TaufikhDOI: 07/12/2020Date / Time : 07/12/2020Registered in Merimen: 07/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJT 646M

Claim No. : _____

Name of Insured : KOH PEK SONG ANDY

Policy No. : _____

Insured Tel No. : _____ HP: _____

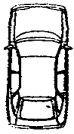
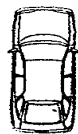
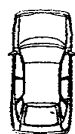
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 05/12/2020

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****SHC 2783A**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 2783A : CC3/AIG18010175/K1pb3q2 ; DOA : 03/06/2018 SJT 646M : 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:	
Repair Cost: P/P	S\$ <u>\$1,108.60</u> (<u>2</u> days) Reduction: <u>\$537.52</u> % <u>33</u>		Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>11/08/2021</u> Confirm with <u>KAZALI</u>		Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>1,186.20</u> W/GST			
Loss of Rental (LOR):	S\$ <u>375.57</u> (<u>3</u> days) x <u>\$125.19</u>			
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☒			[Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ _____		1) Claim status: <u>Normal</u> /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>1,713.77</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>1,713.77</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:		