

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **08/12/2020**Date / Time : **08/12/2020**Registered in Merimen: **08/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLR 5308T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

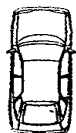
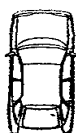
Excess Sec II :\$ _____ D.O.A : **08.12.2020 12:00** Place of Accident : **CHOA CHU KANG WAY**

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 6115X**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 6115X - CC3/AIG08028321/Sgz1 ; 16/10/2008	STAGE	DATE / PIC
	CC3/AIG15014340/H1za3s2 ; 20/08/2015	Non-Reporting ltr (1st):	
	CC3/EQI16019629/H1eg3q2 ; 14/10/2016	Non-Reporting ltr (2nd):	
	CC4/AXA16014310/M1wg3s2 ; 30/07/2016	Non-Reporting ltr (Final):	
	SLR 5308T - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
06/08/2021	Pls refer to VIEWS for details.	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\$ 3,400.00 (3 days) Reduction: 26 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/08/2021 Confirm with Kazali	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 3,638.00		
Loss of Rental (LOR):	S\$ 287.38 (2.5 days) x\$114.95		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x 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 Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 3,927.38 Global Sum S\$: 3,900.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 3,900.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		