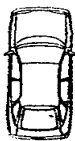


ASSIGNMENTSurveyor: **RASUL**DOI: **14/12/2020**Date / Time : **14/12/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YM 8698U**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/12/2020 11:25**

Place of Accident : _____

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

If NO, Driver Name / Age : _____

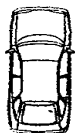
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SHC 8138ZINSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 8138Z - CA/AIG10017926/r; 07/09/2010		
	CC3/AXA11009299/H1ec3q2 ; 17/05/2011	Non-Reporting ltr (1st):	
	CC3/AXA12000977/H1ec3f1 ; 10/01/2012	Non-Reporting ltr (2nd):	
	CC3/CTI16002708/H1wb3q2 ; 10/02/2016	Non-Reporting ltr (Final):	
	CC4/FCI20006337/Ada3q2 ; 10/06/2020	Notification ltr (if non-pickup):	
	CS/INC08030105/Ccz1 ; 19/10/2008	Call OI:	
	NS/INC11017821/M1vm ; 29/08/2011	After call ltr to OI:	
	NS/INC18022006/K1vbe2 ; 05/12/2018	Documentation Check List:	
	YM 8698U - X	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\$ 2,100.00 (3 days) Reduction: 64 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 08.04.2021 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\$ 2,247.00		
Loss of Rental (LOR):	S\$ 332.01 (3 days) x \$110.67		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 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: 400.00	
Total:	S\$ 2,731.01 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 2,731.01 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		