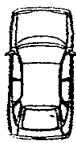


**ASSIGNMENT**

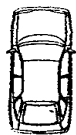
Surveyor: **TAUFIKH** DOI: **21/12/2002** Date / Time : **21/12/2020**  
 Registered in Merimen: **22/12/2020**

**Pre-assign / CCU / FTE**

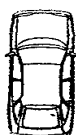
Insured Vehicle No. : **GBG 8480J** Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **20/12/2020 11:45** Place of Accident : \_\_\_\_\_

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**

**SHA 2344U**

INSRS:  
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                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SHA 2344U - CC3/III16015802/R1pa3q2 ; 20/08/2016</b> |                                                                         |                                                   |
|                                                                                                                                                                      | <b>CC4/AIG19015305/K1ea3q2 ; 28/08/2019</b>             | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | <b>CC4/III18011500/Uja3q2 ; 19/06/2018</b>              | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      | <b>CC4/III19018270/pb3XX ; 04/10/2019</b>               | Non-Reporting ltr (Final):                                              |                                                   |
|                                                                                                                                                                      | <b>CS3/III19020295/Dtf3e2-1 ; 13/11/2019</b>            | Notification ltr (if non-pickup):                                       |                                                   |
|                                                                                                                                                                      | <b>CS3/III19020295/Hcd3e2 ; 13/11/2019</b>              | Call OI:                                                                |                                                   |
|                                                                                                                                                                      | <b>NA/INC20006039/h4 ; 28/05/2020</b>                   | After call ltr to OI:                                                   |                                                   |
|                                                                                                                                                                      | <b>GBG 8480J - X</b>                                    | <b>Documentation Check List:</b>                                        | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                         | Notification ltr (if non-pickup)                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | After call ltr to OI:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Authorisation To Act:                                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Release Voucher:                                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Final Repair Bill:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Car Rental Invoice:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Towing Invoice                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | LTA / GIA :                                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Medical Bill:                                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | PIR:                                                                    | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Mandate/Reject Instruction:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | LOD                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Payment Breakdown Form:                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                                 | Sent By:                                                | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                         | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b> Date/Time:                                                                                                                                       | Confirm with:                                           | Confirm by:                                                             |                                                   |
| Repair Cost: <b>P/P</b> S\$ <b>\$1,541.40</b> ( <b>2</b> days) Reduction: <b>\$4,140.22</b> % <b>73%</b>                                                             |                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>16/06/2021</b> Confirm with <b>KAZALI</b>                                                                                      |                                                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability: % <b>90</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>                                                                                           |                                                         | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <b>1,649.30</b> S\$ <b>1,484.37</b> <b>W/GST</b>                                                                                                        |                                                         |                                                                         |                                                   |
| Loss of Rental (LOR): <b>518.72</b> S\$ <b>466.85</b> ( <b>4</b> days) x \$129.68                                                                                    |                                                         | <b>III'S INSTRUCTION</b>                                                |                                                   |
| Loss of Use (LOU): S\$ (\$ x days)                                                                                                                                   |                                                         |                                                                         |                                                   |
| Loss of Income (LOI): <b>160</b> S\$ <b>144.00</b> (\$ <b>40</b> x <b>4</b> days)                                                                                    |                                                         |                                                                         |                                                   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one] |                                                         |                                                                         |                                                   |
| GIA/LTA Search S\$ <b>7.49</b>                                                                                                                                       |                                                         |                                                                         |                                                   |
| Medical: S\$                                                                                                                                                         |                                                         | 1) Claim status: <b>Normal/Reject/Private Settle</b>                    |                                                   |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |                                                         | 2) Report Format: <b>TP</b>                                             |                                                   |
| Legal Cost S\$                                                                                                                                                       |                                                         | 3) Survey fee: <b>\$350.00</b>                                          |                                                   |
| <b>Total:</b> S\$ <b>2,102.71</b> <b>Global Sum S\$:</b> <b>2,000.00</b>                                                                                             |                                                         |                                                                         |                                                   |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1: S\$ <b>2,000.00</b>                                                                                                                                         | Name 1: <b>COMFORTDELGRO ENGINEERING PTE LTD</b>        |                                                                         |                                                   |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                                 |                                                                         |                                                   |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                                 |                                                                         |                                                   |