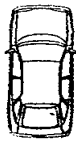
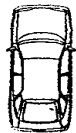


**ASSIGNMENT**

Surveyor: **TAUFIKH** DOI: **23.12.2020** Date / Time : **23.12.2020**  
 Registered in Merimen: **23.12.2020**

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBG 1287Y** Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :\$ D.O.A : **22/12/2020 12:30** Place of Accident : **BT TIMAH RD X SERANGOON ROAD**  
 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**

**SHB 3065M**

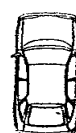
INSRS:  
WSP: **CDGE**  
Tel : **LOYANG**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SHB 3065M - NA/INC15013338/h4 ; 18.07.2015</b>	Non-Reporting ltr (1st):	
	<b>GBG 1287Y - X</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<b>07/06/2021</b>	<b>Pls refer to VIEWS for details.</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	<b>*OI done private settlement as AIG repudiated case. **OID DL only 3C</b>	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
	<b>*Submit WP report to AIG</b>	Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>P/P</b>	S\$ <b>1,229.92</b> ( <b>2</b> days) Reduction: <b>32</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>07/06/2021</b> Confirm with <b>Kazali</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>W/GST</b>	S\$ <b>1,316.01</b>		
Loss of Rental (LOR):	S\$ <b>563.36</b> ( <b>4.5</b> days)x <b>\$125.19</b>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ <b>225.00</b> (\$ <b>50</b> x <b>4.5</b> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ <b>2.00</b>		
Medical:	S\$	1) Claim status: <del>Normal/Reject</del> /Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	S\$ <b>2,106.37</b> <b>Global Sum S\$: 2,100.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ <b>2,100.00</b> Name 1: <b>ComfortDelGro Engineering Pte Ltd (OI paid TP)</b>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		