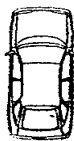


ASSIGNMENTSurveyor: **TAUFIKH**DOI: **16/03/2021**Date / Time : **16/03/2021**Registered in Merimen: **16/03/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GY 3146D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **16/03/2021 10:20**

Place of Accident : _____

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

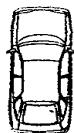
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SHC 8101D**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 8101D - CC3/AIG13021577/Yv1a3w2 ; 13/11/2013	Non-Reporting ltr (1st):	
	CC3/CT117010063/K1za3n2 ; 20/05/2017	Non-Reporting ltr (2nd):	
	CC4/AIG20013525/T1ba3 ; 08/12/2020	Non-Reporting ltr (Final):	
	CC4/III18005012/Dwa3q2 ; 13/03/2018	Notification ltr (if non-pickup):	
	NS/INC11008819/H1vn ; 10/05/2011	Call OI:	
	GY 3146D - CC4/AIG20013382/Qps3q2 ; 01/12/2020	After call ltr to OI:	
	CS/MSG17021327/K1tbe2 ; 04/11/2017	Documentation Check List:	
	NA/AIG20013279/z4 ; 01/12/2020	Notification ltr (if non-pickup)	☐
	NA/MSG17021105/k4 ; 04/11/2017	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\$ 1,850.00 (2 days) Reduction: 61 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 16.11.2021 Confirm with KAZALI		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 1,979.50			
Loss of Rental (LOR): S\$ 221.34 (2 days) x \$110.67			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 100.00 (\$ 50 x 2 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ 7.49			
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\$ 2,308.33	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 2,308.33	Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		