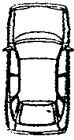


ASSIGNMENTSurveyor: TaufikhDOI: 22/03/2021Date / Time : 22/03/2021Registered in Merimen: 22/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLX 9957L

Claim No. : _____

Name of Insured : ABUL HOSSAIN MD ASSIR UDDIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

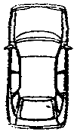
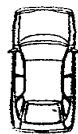
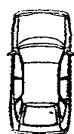
Make / Model : _____

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

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SHC 17S → _____ → _____ → _____ → _____INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 17S : CS/FCI18017644/Utbn2 L ; DOA : 25/09/2018	STAGE DATE / PIC
	SLX 9957L : CC4/AIG20013176/Qpa3q2 ; DOA : 28/11/2020	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		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\$ 2,050.00 (3 days) Reduction: 66 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 14/9/2021	Confirm with JIM	Email ☒ Call ☐
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,193.50 S\$ 1,096.75		
Loss of Rental (LOR): 501.60 S\$ 250.80 (4 days) x \$125.40		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): 200.00 S\$ 100.00 (\$ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [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\$ 1,449.55	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 1,449.55	Name 1: ComfortDelgro Engineering Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	