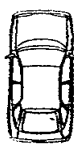


ASSIGNMENTSurveyor: NAZDOI: 24/05/2021Date / Time : 24.05.2021Registered in Merimen: 24.05.2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SGT 838L

Claim No. : _____

Name of Insured : Neo Chee Seng

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : Jaguar XEExcess Sec II : \$ _____ D.O.A : 22/05/2021 09:55Place of Accident : Kallang Rd, Singapore

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

Towards Bugis just before right turn to Kallang Ave

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 1629UINSRS:
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
	<u>SHC 1629U - NA/INC10014560/r ; 10.07.2010</u>	Non-Reporting ltr (1st):	
	<u>NS/INC10013673/T1g1 ; 10/07/2010</u>	Non-Reporting ltr (2nd):	
	<u>SGT 838L - CC3/AXA11013536/Rq1c3q2 ; 27.06.2011</u>	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>3,550.00</u> (<u>4</u> days) Reduction: <u>51</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>10/12/2021</u> Confirm with <u>Jim</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>3,798.50</u>		
Loss of Rental (LOR):	S\$ <u>752.40</u> (<u>6</u> days) x S\$125.40		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>300.00</u> (\$ <u>50</u> x <u>6</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>4,852.90</u> Global Sum S\$: <u>4,800.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>4,800.00</u> Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		