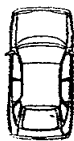


ASSIGNMENTSurveyor: **RASUL**DOI: **28/06/2021**Date / Time : **28/06/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGR 2785C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **25/06/2021 17:45**

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

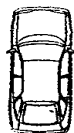
If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

Final ? Yes / No**SHA 5965H**

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
	SHA 5965H - CC4/III18013136/Djb3q2 ; 13.07.2018	Non-Reporting ltr (1st):	
	SGR 2785C - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler
		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: MRB
Repair Cost: L/S	S\$ 1,250.00	(3 days) Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.07.21	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 1,337.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ 564.30	(4.5 days) X \$125.40	
Loss of Use (LOU):	S\$ -	(\$ x days)	
Loss of Income (LOI):	S\$ 225.00	(\$ 50 x 4.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[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: \$400
Total:	S\$ 2,128.80	Global Sum S\$: 2,120.00	
FINAL PAYMENT	Date/Time: 15.07.21	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S\$ 2,120.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	