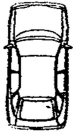


ASSIGNMENTSurveyor: TaufikhDOI: 20/08/2021Date / Time : 23/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : XD 7353E

Claim No. : _____

Name of Insured : DOUBLE-TRANS PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 19/08/2021

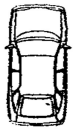
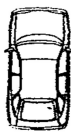
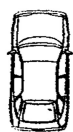
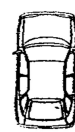
Place of Accident : _____

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No****SHC 8454K**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 8454K : CS3/ASM21008511/Gtce2 ; DOA : 02/08/2021	Non-Reporting ltr (1st):	
XD 7353E : NBA/CTI21008776/Y ; DOA : 19/08/2021	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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: MTH		
Repair Cost: L/S S\$ 3,700.00 (3 days' Reduction: 39 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 27.12.21 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\$ 3,959.00 OID REAR ENDED TP		
Loss of Rental (LOR): S\$ 498.02 (4.5 days) x \$110.67		
Loss of Use (LOU): S\$ - (\$ - x 4.5 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\$ 7.49		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$400	
Total: S\$ 4,689.51 Global Sum S\$: 4,680.00		
FINAL PAYMENT Date/Time: 27.12.21 Confirm with: CATHERINE Email ☐ Call ☐		
Payee 1: S\$ 4,680.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		