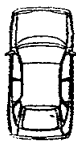


ASSIGNMENT

Surveyor:

TAUFIKHDOI: **06.07.2020**Date / Time : **06.07.2020**Registered in Merimen: **06.07.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLL 1644E**Claim No. : **5154192558SG**Name of Insured : **NG YEW KEN, DESMOND**Policy No. : **2100501045**

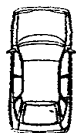
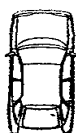
Insured Tel No. : _____ HP: _____

Make / Model : **CITROEN DS4-1.6 (A)****Excess Sec II :S\$** _____ D.O.A : **04/07/2020 15:30**Place of Accident : **STILL ROAD SOUTH - MARINE PARADE FLYOVER**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****SHB 4171H**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 4171H - CC3/CTI19002524/Njb3q2 ; 10/02/2019	STAGE	DATE / PIC
	CC3/III17008270/Kua3q2 ; 23/04/2017	Non-Reporting ltr (1st):	
	CC3/TMI12016585/H1y1n ; 24/08/2012	Non-Reporting ltr (2nd):	
	CS/TMI13014813/M1gd1 ; 13/08/2013	Non-Reporting ltr (Final):	
	NA/TMI12016454/e1 ; 24/08/2012	Notification ltr (if non-pickup):	
	SLL 1644E - X	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\$ 4,500.00 (4 days) Reduction: 60 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 15/9/2021 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,815.00		
Loss of Rental (LOR):	S\$ 276.70 (5 days) x \$55.34		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 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/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: 320-290=30	
Total:	S\$ 5349.19	Global Sum S\$: 5,300.00	\$290 payment made
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	S\$ 5,300.00	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	