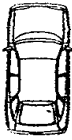


ASSIGNMENT

Surveyor: TaufikhDOI: 11/10/2021Date / Time : 13/10/2021Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 1345Y
 Name of Insured : NEDUNCHERALATHAN S/O RAMAKRISHNA THEVAR

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/10/2021

Place of Accident : _____

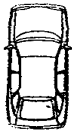
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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 2233X



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 2233X : CC4/III19006523/R1pa3q2 ; DOA : 03/04/2019		STAGE	DATE / PIC
	SJK 1345Y : NBA/CTI20008943/Y ; DOA : 24/08/2020		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: <u>MTH</u>	
Repair Cost: <u>L/S</u> S\$ <u>2,400.00</u> (<u>3</u> days) Reduction: <u>43</u> %			Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>18.02.22</u> Confirm with: <u>CATHERINE</u>			Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>31</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>2,568.00</u>			OID MAKE A RIGHT TURN INTO THE MAIN ROAD HIT TP	
Loss of Rental (LOR): S\$ <u>438.90</u> (<u>3.5</u> days) x \$125.40				
Loss of Use (LOU): S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)				
Loss of Income (LOI): S\$ <u>175.00</u> (\$ <u>50</u> x <u>3.5</u> days)				
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [Tick only one]				
GIA/LTA Search S\$ <u>2.00</u>				
Medical: S\$ <u>-</u>			1) Claim status: Normal/ Reject/Private Settle	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>			3) Survey fee: <u>\$400</u>	
Total: S\$ <u>3,183.90</u> Global Sum S\$ <u>3,180.00</u>				
FINAL PAYMENT Date/Time: <u>18.02.22</u> Confirm with: <u>CATHERINE</u>			Email ☐ Call ☐	
Payee 1: S\$ <u>3,180.00</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: _____				