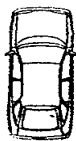


ASSIGNMENT

Surveyor: RASUL DOI: 16/11/2021 Date / Time : 16/11/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

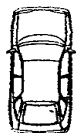
Insured Vehicle No. : WC 5159E Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$_____ D.O.A : 15/11/2021 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

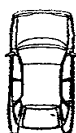
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**SHB 3101S

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
	<u>SHB 3101S - CC3/EQI13019822/H1v1a3q2 ; 21/10/2013</u>	Non-Reporting ltr (1st):	
	<u>CS/FCI18010673/Ksd3n2 ; 10/06/2018</u>	Non-Reporting ltr (2nd):	
	<u>CS3/FCI15007962/M1vbk3 ; 09/05/2015</u>	Non-Reporting ltr (Final):	
	<u>NS/INC11005126/H1bn ; 17/03/2011</u>	Notification ltr (if non-pickup):	
	<u>NS/INC12016444/H1kn ; 22/08/2012</u>	Call OI:	
	<u>NS/INC14007618/Stbu2 ; 22/04/2014</u>	After call ltr to OI:	
	<u>WC 5159E - X</u>	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>MRB</u>		
Repair Cost: <u>L/S</u>	\$S\$ <u>1,750.00</u> (<u>4</u> days) Reduction: <u>38</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>29.03.22</u> Confirm with: <u>JIM</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S\$ <u>1,872.50</u>	<u>OID SWERVED INTO TP LANE AND HIT TP VEH</u>	
Loss of Rental (LOR):	\$S\$ <u>387.35</u> (<u>3.5</u> days) x \$110.67		
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 + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S\$ <u>2.00</u>		
Medical:	\$S\$ <u>-</u>	1) Claim status: Normal/ Reject/Dispute/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>2,436.85</u> Global Sum \$S\$: 2,430.00		
FINAL PAYMENT	Date/Time: <u>29.03.22</u> Confirm with: <u>JIM</u>	Email ☐ Call ☐	
Payee 1:	\$S\$ <u>2,430.00</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:		