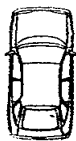


ASSIGNMENT

Surveyor: XGQ DOI: 12.01.2022 Date / Time : 12.01.2022
 Registered in Merimen:

Pre-assign / CCU / FTE

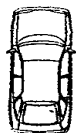
Insured Vehicle No. : GBF 1520D Claim No. : 21/22/22/VC06/025357
 Name of Insured : Policy No. : Z/21/VC06/112741
 Insured Tel No. : HP: Make / Model :
 Excess Sec II :\$ D.O.A : 11.01.2022 Place of Accident : WOODLANDS CRESCENT
 Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

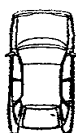
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No** SHA 2258K 

INSRS: **CDGE**
 WSP: **LOYANG**
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time			
	SHA 2258K - CC3/AIG15000652/H1wy3w2 ; 09/01/2015	STAGE	DATE / PIC
	NS/INC11006330/H1vr1; 03/04/2011	Non-Reporting ltr (1st):	
	NS/INC18006535/Nvbe2; 09/04/2018	Non-Reporting ltr (2nd):	
	GBF 1520D - X	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:
Repair Cost: P/P	\$S\$ 1889.47 (2 days) Reduction: 3184.06 % 63		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/05/2022 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\$ 2,021.73 W/GST		
Loss of Rental (LOR):	\$S\$ 379.41 (3 days) X \$126.47		
Loss of Use (LOU):	\$S\$ (\$ x days)		
Loss of Income (LOI):	\$S\$ 150.00 (\$ 50 x 3 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: \$400.00	
Total:	\$S\$ 2,553.14	Global Sum \$S\$: 2,550.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	\$S\$ 2,550.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$S\$	Name 2:	
Payee 3: (Strike if N.A.)	\$S\$	Name 3:	