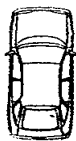


ASSIGNMENTSurveyor: THEVANDOI: 14/03/2022Date / Time : 14/03/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SMF 7777K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 10/3/2022 15:45

Place of Accident : _____

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

If NO, Driver Name / Age : _____

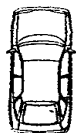
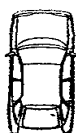
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SHC 1854KINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMF 7777K - X	STAGE	DATE / PIC
	SHC 1854K - CC3/AIG11022827/H1z3a3z1; 03/11/2011	Non-Reporting ltr (1st):	
	CC4/ASM19006667/K1pa3q2; 11/04/2019	Non-Reporting ltr (2nd):	
	CS3/III13007606/T1tu2; 11/04/2013	Non-Reporting ltr (Final):	
	NA/INC13006934/e1; 11/04/2013	Notification ltr (if non-pickup):	
	NS/INC21006735/T1tch2; 12/06/2021	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\$ 1,388.60 (2 days) Reduction: 33 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/08/2022 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\$ 1,485.80		
Loss of Rental (LOR):	S\$ 563.36 (4.5 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x 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\$ 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\$ 2,276.16	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 2,276.16	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	