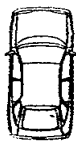


ASSIGNMENTSurveyor: **THEVAN**DOI: **19/04/2022**Date / Time : **19/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJM 5786X**Claim No. : **SNM22D202553/C02/SJM5786X/TANKW**

Name of Insured : _____

Policy No. : **DMPCSNW00110902101**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **13/04/2022 13:05**

Place of Accident : _____

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

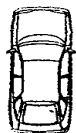
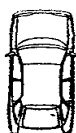
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SH 6114Z**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
	SH 6114Z - CC3/III18001958/R1ea3q2; 30/01/2018	Non-Reporting ltr (1st):	
	CC4/III17003988/Uyb3q2; 24/02/2017	Non-Reporting ltr (2nd):	
	CC4/III17019018/Uka3q2; 31/08/2017	Non-Reporting ltr (Final):	
	CC4/III17024297/Gea3q2; 16/12/2017	Notification ltr (if non-pickup):	
	CS/INC09012146/Cvn; 01/06/2009	Call OI:	
	CS/INC09012534/Cvh; 04/06/2009	After call ltr to OI:	
	CS3/III17006201/R1bm2; 28/03/2017	Documentation Check List: Handler Typist	
	CS3/III17006201/R1rbs2-1; 28/03/2017	Notification ltr (if non-pickup)	☐
	NA/INC10003273/r; 14/02/2010	After call ltr to OI:	☐
	SJM 5786X - CS/CTI21009952/Etcn2; 22/09/2021	Authorisation To Act:	☐
	NA/INC16004849/d2; 02/02/2016	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\$ 1,150.00 (3 days) Reduction: 80 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 09/09/2022 Confirm with Catherine		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 8a		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,230.50			
Loss of Rental (LOR): S\$ 387.35 (3.5 days) x\$110.67			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 175.00 (\$ 50 x 3.5 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\$ 1,794.85 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 1,794.85	Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		