

**ASSIGNMENT**

Surveyor:

**TAUFIKH**

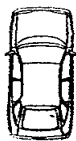
DOI:

**23/08/2022**

Date / Time :

**23/08/2022**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **PC 3499U**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **23.08.2022 07:30**

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

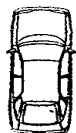
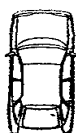
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SHC 8458A**INSRS: **CDGE**  
WSP: **LOYANG**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SHC 8458A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date | Created By                         | DATE / PIC                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------|
|                                                                                                                                                                      | NBA/CTI22008059/Y 23/08/2022 SULAIMAN BIN ABDULLAH PC 3499U SHC 8458A 23/08/2022 24/08/2022 RBA    | Non-Reporting ltr (1st):           |                                                                         |
|                                                                                                                                                                      | NS/INC10010384/D-1 13/07/2010 SHC 8458A FZ 8625L 24/05/2010 13/07/2010 TGT                         | Non-Reporting ltr (2nd):           |                                                                         |
|                                                                                                                                                                      | PC 3499U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date  | Created By                         |                                                                         |
|                                                                                                                                                                      | CS/MSG18015959/Uvd3n2 14/09/2018 PC 3499U GY 5524H 28/08/2018 14/09/2018 RBA                       | Non-Reporting ltr (if non-pickup): |                                                                         |
|                                                                                                                                                                      | NBA/CTI22008059/Y 23/08/2022 SULAIMAN BIN ABDULLAH PC 3499U SHC 8458A 23/08/2022 24/08/2022 RBA    | Can OI:                            |                                                                         |
|                                                                                                                                                                      |                                                                                                    | After call ltr to OI:              |                                                                         |
|                                                                                                                                                                      |                                                                                                    | <b>Documentation Check List:</b>   | <b>Handler</b> <b>Typist</b>                                            |
|                                                                                                                                                                      |                                                                                                    | Notification ltr (if non-pickup)   | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | After call ltr to OI:              | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Authorisation To Act:              | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Final Repair Bill:                 | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Car Rental Invoice:                | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Towing Invoice                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | LTA / GIA :                        | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Medical Bill:                      | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | PIR:                               | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Mandate/Reject Instruction:        | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | LOD                                | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Payment Breakdown Form:            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Post-Repair Photos:                | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                                                                    | Others:                            | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                                                         | Sent By:                           |                                                                         |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                                                         | Confirm with:                      | Confirm by:                                                             |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>3,050.00</b> ( <b>3</b> days) Reduction: <b>52</b> %                                        |                                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>09/02/2023</b> Confirm with <b>Catherine</b>                                         |                                    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>                                          |                                    | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: <b>w/GST</b>                                                                                                                                            | S\$ <b>3,263.50</b>                                                                                |                                    |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>276.68</b> ( <b>2.5</b> days) <b>X \$110.67</b>                                             |                                    |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                                                    |                                    |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ <b>125.00</b> (\$ <b>50</b> x <b>2.5</b> days)                                                 |                                    |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one] |                                                                                                    |                                    |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                                                                    |                                    |                                                                         |
| Medical:                                                                                                                                                             | S\$                                                                                                |                                    | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                                                       |                                    | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                                                                                                                                           | S\$                                                                                                |                                    | 3) Survey fee: <b>\$400.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,672.63</b>                                                                                | <b>Global Sum S\$:</b>             |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                                                         | Confirm with:                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>3,672.63</b>                                                                                | Name 1:                            | <b>ComfortDelGro Engineering Pte Ltd</b>                                |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                                                                | Name 2:                            |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                                                                | Name 3:                            |                                                                         |