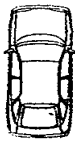


ASSIGNMENTSurveyor: **TAUFIKH**

DOI: _____

Date / Time : **04.10.2022**Registered in Merimen: **04.10.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMJ 7843G**

Claim No. : _____

Name of Insured : **AXEL BADER**Policy No. : **SP2001207703**

Insured Tel No. : _____ HP: _____

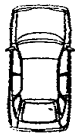
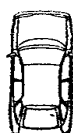
Make / Model : **Audi A3****Excess Sec II :S\$** _____ D.O.A : **29/09/2022 18:00**Place of Accident : **Keppel Bay View, Singapore**

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

If **NO**, Driver Name / Age : **GABRIELA ALEYANDRA ROCATTI**

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SHC 7211B**INSRS: **CDGE**
WSP: **LOYANG**
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHC 7211B	CC3/FC112022961/Kvn 06/12/2012 SHD 536E SHC 7211B 06/11/2012 11/12/2012 CM	Non-Reporting ltr (1st):	
	CC3/FC115022100/Ktbq 29/12/2015 SHD 9350P SHC 7211B 17/07/2015 06/01/2016 GKL	Non-Reporting ltr (2nd):	
SMJ 7843G	CC3/AIG21002212/R1td3n2 02/08/2021 SMJ 7843G 10/02/2021 02/08/2021 NVT	Non-Reporting ltr (Final):	
	CS/AIS22009583/Ewy3 03/10/2022 SMJ 7843G 29/09/2022 NMY	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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	S\$ 1,650.00 (3 days) Reduction: 74 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16/02/2023 Confirm with KAZALI	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :	
Repair Cost: 7% GST	S\$ 1,765.50		
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/Partial Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$350.00	
Total:	S\$ 2,329.85 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,329.85 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		