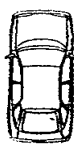


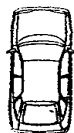
ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/10/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 3189G Claim No. : S2M04CW9
 Name of Insured : CHEN FUN GEE Policy No. : GA362167
 Insured Tel No. : _____ HP: _____ Make / Model : BMW X1
Excess Sec II :S\$ _____ D.O.A : 13/10/2022 18:57 Place of Accident : ALEXANDRA ROAD / HYDERABAD ROAD
 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**

SHB 4451A

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC
SHB 4451A - Reference Entry	CC3/AIG09027916/Cn1q1r1	27/01/2010	SHB 4451A SFN 900H	09/12/2009	01/02/2010	SPH	
CC3/AXA12610330/H1edf1	03/07/2012	SHB 4451A SJE 4862H	22/05/2012	06/07/2012	CCL		
NA/INC09024120/c2	27/10/2009	MUHAMMAD ARIF BIN MOHAMED SAHARI FY 9451U	29/10/2009	29/10/2009	SW		
SKK 3189G - Reference Entry	CC6/AIG17018541/T1pb3q2	23/11/2017	SKK 3189G GBE 755E	23/09/2017	24/11/2017	SVF	
CS/FC117021822/T1vbe2	20/12/2017	SKK 3189G SH 8046Z	12/11/2017	21/12/2017	NV		
Non-Reporting ltr (1st):							
Non-Reporting ltr (2nd):							
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:						☐	☐
Post-Repair Photos:						☐	☐
Others:						☐	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____							
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____							
Repair Cost:	P/P	S\$ 3,420.68	(3 days)	Reduction:	18 %	Email	☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>11/04/2023</u> Confirm with <u>KAZALI</u> Email ☒ Call ☐							
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	7% GST	S\$ 3,660.13					
Loss of Rental (LOR):	S\$	625.95	(5 days)	X \$125.19			
Loss of Use (LOU):	S\$		(\$ x days)				
Loss of Income (LOI):	S\$	250.00	(\$ 50 x 5 days)				
LOR only	☐	LOU only	☐	LOR + LOU	☐	LOR + LOI	☒ [Tick only one]
GIA/LTA Search	S\$	2.00					
Medical:	S\$						
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$						
Total:	S\$	4,538.08	Global Sum S\$:		4,500.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐							
Payee 1:	S\$	4,500.00	Name 1:	ComfortDelGro Engineering Pte Ltd			
Payee 2: (Strike if N.A.)	S\$		Name 2:				
Payee 3: (Strike if N.A.)	S\$		Name 3:				

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: **TP**
 3) Survey fee: **\$350.00**