

LKK:  
IDAC:

## ASSIGNMENT

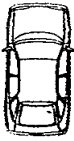
Surveyor: **TAUFIKH**

DOI: 03.10.2022

Date / Time : 03.10.2022

Registered in Merimen:           

## Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 6804X

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

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$ D.O.A : 02/10/2022

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

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

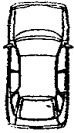
If **NO**, Driver Name / Age :

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

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

|                     |   |                         |
|---------------------|---|-------------------------|
| Insured Liability : | % | <b>Final ? Yes / No</b> |
|---------------------|---|-------------------------|

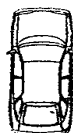
SHC 8366G



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 8366G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date                                                   | Data Created By DATE / PIC                                                                                           |  |  |  |  |  |  |  |  |  |
| CC3/AXA11026693/H1edc3 09/11/2012 SHC 8366G SJF 6554D 24/12/2011 16/11/2012                                                                          | Non-Reporting ltr (1st):                                                                                             |  |  |  |  |  |  |  |  |  |
| CC3/CTH22010481/Tpa3 21/10/2022 SHC 8366G SLR 6804X 02/10/2022 HMK                                                                                   | Non-Reporting ltr (2nd):                                                                                             |  |  |  |  |  |  |  |  |  |
| NS/INC12001622/H1qn 16/02/2012 SHC 8366G SFU 1399L 24/01/2012 16/02/2012 TW                                                                          | Non-Reporting ltr (Final):                                                                                           |  |  |  |  |  |  |  |  |  |
| NS/INC15013590/H1qbn2 26/08/2015 SHC 8366G SFY 3626Y 07/08/2015 26/08/2015 CKL                                                                       | Notification ltr (if non-pickup):                                                                                    |  |  |  |  |  |  |  |  |  |
| SLR 6804X - X                                                                                                                                        | Call OI:                                                                                                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                      | After call ltr to OI:                                                                                                |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                      | Documentation Check List: Handler Typist                                                                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                      | 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"/>                                            |  |  |  |  |  |  |  |  |  |
| PRELIMINARY ADVICE                                                                                                                                   | Date/Time: Sent By: Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>                            |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                      | Others: <input type="checkbox"/> <input type="checkbox"/>                                                            |  |  |  |  |  |  |  |  |  |
| FINALIZATION                                                                                                                                         | Date/Time: Confirm with: Confirm by:                                                                                 |  |  |  |  |  |  |  |  |  |
| Repair Cost: Part by Part                                                                                                                            | S\$ 3,187.44 ( 2 days) Reduction: 25 % Email <input type="checkbox"/> Call <input type="checkbox"/>                  |  |  |  |  |  |  |  |  |  |
| FINAL SETTLEMENT                                                                                                                                     | Date/Time: 12/06/2023 Confirm with Catherine Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |
| Final Liability:                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia :                                                |  |  |  |  |  |  |  |  |  |
| Repair Cost: with GST                                                                                                                                | S\$ 3,410.56                                                                                                         |  |  |  |  |  |  |  |  |  |
| Loss of Rental (LOR):                                                                                                                                | S\$ 250.38 ( 2 days) @\$125.19                                                                                       |  |  |  |  |  |  |  |  |  |
| Loss of Use (LOU):                                                                                                                                   | S\$ (\$ x days)                                                                                                      |  |  |  |  |  |  |  |  |  |
| Loss of Income (LOI):                                                                                                                                | S\$ 100.00 (\$ 50 x 2 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\$ 2.00                                                                                                             |  |  |  |  |  |  |  |  |  |
| Medical:                                                                                                                                             | S\$                                                                                                                  |  |  |  |  |  |  |  |  |  |
| Disbursement:                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                                                                         |  |  |  |  |  |  |  |  |  |
| Legal Cost                                                                                                                                           | S\$                                                                                                                  |  |  |  |  |  |  |  |  |  |
| Total:                                                                                                                                               | S\$ 3,762.94 Global Sum S\$:                                                                                         |  |  |  |  |  |  |  |  |  |
| FINAL PAYMENT                                                                                                                                        | Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                     |  |  |  |  |  |  |  |  |  |
| Payee 1:                                                                                                                                             | S\$ 3,762.94 Name 1: COMFORTDELGRO ENGINEERING PTE LTD                                                               |  |  |  |  |  |  |  |  |  |
| Payee 2: (Strike if N.A.)                                                                                                                            | S\$ Name 2:                                                                                                          |  |  |  |  |  |  |  |  |  |
| Payee 3: (Strike if N.A.)                                                                                                                            | S\$ Name 3:                                                                                                          |  |  |  |  |  |  |  |  |  |