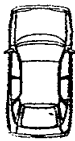


**ASSIGNMENT**Surveyor: **XING GUO QIANG**DOI: **21.11.2022**Date / Time : **21.11.2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMV 2688H**

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : **20.11.2022**

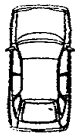
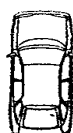
Place of Accident : \_\_\_\_\_

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 : % **Final ? Yes / No****SH 9601P**INSRS:  
WSP: **CDGE 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 | STAGE                             | Reported By              | DATE / PIC               |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------------|-------------------------------|------------|-----------------------------------|--------------------------|--------------------------|
|                                   | CC3/AXA12019044/H1ec3z1           | 14/11/2012                         | SH 9601P SJA 9730T                            | 29/09/2012                                | 20/11/2012                                    | 14/11/2012                    | 14/11/2012 | Non-Reporting ltr (1st):          |                          |                          |
|                                   | CC3/CTI22009460/Vea3q2            | 19/08/2022                         | SH 9601P GBK 6047U                            | 29/12/2021                                | 19/08/2022                                    | 19/08/2022                    | 19/08/2022 | Non-Reporting ltr (2nd):          |                          |                          |
|                                   | CC4/III18000464/M1wa3q2           | 14/05/2018                         | SH 9601P SHD 3301X                            | 05/01/2018                                | 14/05/2018                                    | 14/05/2018                    | 14/05/2018 | Non-Reporting ltr (Final):        |                          |                          |
|                                   | CS/TMI16008998/H1th3n2            | 20/05/2016                         | SH 9601P SGU 6481L                            | 16/05/2016                                | 20/05/2016                                    | 20/05/2016                    | 20/05/2016 | Notification ltr (if non-pickup): |                          |                          |
|                                   |                                   |                                    |                                               |                                           |                                               |                               |            | Call 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>1,100.00</b>               | ( <b>2</b> days)                   | Reduction: <b>47</b> %                        |                                           | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |            |                                   |                          |                          |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <b>15/06/2023</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>27</b>                      |                                           | If NO or B 28, Ass. Lia :                     |                               |            |                                   |                          |                          |
| Repair Cost: <b>with GST</b>      | S\$ <b>1,188.00</b>               |                                    |                                               |                                           |                                               |                               |            |                                   |                          |                          |
| Loss of Rental (LOR):             | S\$ <b>229.90</b>                 | ( <b>2</b> days)                   | <b>@\$114.95</b>                              |                                           |                                               |                               |            |                                   |                          |                          |
| Loss of Use (LOU):                | S\$                               | ( \$ x days)                       |                                               |                                           |                                               |                               |            |                                   |                          |                          |
| Loss of Income (LOI):             | S\$ <b>100.00</b>                 | ( \$ <b>50</b> x <b>2</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>2.00</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</b>                   |                               |            |                                   |                          |                          |
| <b>Total:</b>                     | S\$ <b>1,519.90</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>1,519.90</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:                            |                                               |                                           |                                               |                               |            |                                   |                          |                          |