

**ASSIGNMENT**

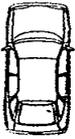
Surveyor: KENNETH

DOI: 30/06/2022

Date / Time : 30.06.2022

Registered in Merimen: 30.06.2022 BY AIS

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMS 5677K

Claim No. : 202222005352KC

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

Policy No. : SP2000770563

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 20/06/2022

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

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

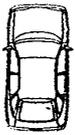
If NO, Driver Name / Age : \_\_\_\_\_

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

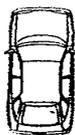
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

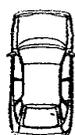
**GBD 6960U**



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



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
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RMKS:

Date/ Time	Created By	DATE / PIC																																																
GBD 6960U - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	CS/AIS22006259/Kvy3q2 04/11/2022 GBD 6960U SMS 5677K 20/06/2022 04/11/2022	TP																																																
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<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>8,150.00</b> ( <b>14</b> days) Reduction: <b>57</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>																																																	
<b>FINAL SETTLEMENT</b> Date/Time: <b>10/01/2023</b> Confirm with <b>Alice</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																																	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia : <b>0</b>																																																	
Repair Cost: <b>w/GST</b> S\$ <b>8,720.50</b>																																																		
Loss of Rental (LOR): S\$ _____ ( _____ days)																																																		
Loss of Use (LOU): S\$ <b>1,280.00</b> (\$ <b>80</b> x <b>16</b> days)																																																		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)																																																		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]																																																		
GIA/LTA Search S\$ <b>2.00</b>																																																		
Medical: S\$ _____	1) Claim status: Normal/Reject/Private Sec'd																																																	
Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>																																																	
Legal Cost S\$ _____	3) Survey fee: <b>350.00</b>																																																	
<b>Total:</b> S\$ <b>10,002.50</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>10,002.50</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: _____																																																		