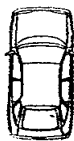


ASSIGNMENTSurveyor: NazrilDOI: 12/12/2022Date / Time : 12.12.2022Registered in Merimen: 12.12.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBG 6263H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ _____ D.O.A : 09.12.2022

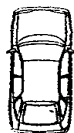
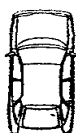
Place of Accident : _____

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****SHD 3966C**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
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
SHD 3966C	CC3/AIG12009804/H1b1g2q2 18/06/2012 SHD 3966C SFY 9474D 08/05/2012 21/06/2012	NA/III12011366/z 08/06/2012 LOCKEN NG TAI JOO SJJ-87D SHD 3966C 30/05/2012 13/06/2012	NA/III12011366/z 08/06/2012 LOCKEN NG TAI JOO SJJ-87D SHD 3966C 30/05/2012 13/06/2012
GBG 6263H	CC6/AIG21012910/Aga3q2 14/06/2022 SMY 8003D GBG 6263H 19/12/2021 14/06/2022	TP	TP
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Documentation Check List: Handler Typist	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Notification ltr (if non-pickup) ☐ ☐	
Repair Cost: L/Sum S\$ 3,900.00 (4 days) Reduction: 52 %		After call ltr to OI: ☐ ☐	
FINAL SETTLEMENT Date/Time: 15/06/2023 Confirm with Kazali		Authorisation To Act: ☐ ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 (Ass.100%)		Release Voucher: ☐ ☐	
Repair Cost: with GST S\$ 4,212.00		Final Repair Bill: ☐ ☐	
Loss of Rental (LOR): S\$ 778.08 (6 days) @\$129.68		Car Rental Invoice: ☐ ☐	
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)		Towing Invoice ☐ ☐	
Loss of Income (LOI): S\$ 300.00 (\$ 50 x 6 days)		LTA / GIA : ☐ ☐	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		Medical Bill: ☐ ☐	
GIA/LTA Search S\$ 2.00		PIR: ☐ ☐	
Medical: S\$ _____		Mandate/Reject Instruction: ☐ ☐	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		LOD ☐ ☐	
Legal Cost S\$ _____		Payment Breakdown Form: ☐ ☐	
Total: S\$ 5,292.08 Global Sum S\$: _____		Post-Repair Photos: ☐ ☐	
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Others: ☐ ☐	
Payee 1: S\$ 5,292.08 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		Email ☒ Call ☐	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		1) Claim status: Normal/Reject/Private Settle	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		2) Report Format: TP	
		3) Survey fee: \$350	