

**ASSIGNMENT**Surveyor: NAZDOI: 07/12/2022Date / Time : 07/12/2022

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : SGS 8823G

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 06.12.2022 10:05

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

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

If NO, Driver Name / Age :

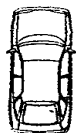
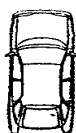
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

Final ? Yes / No

SHA 3079DINSRS:  
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                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
| SHA 3079D                                                                                                                                                            | CC3/AXA11023655/H1ec3f1 02/05/2012 - SHA 3079D YK 5420J 15/11/2011 10/05/2012 - SF                           | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | CS/FC113023487/Kim3d1 27/01/2014 - PA 8100Y SHA 3079D 09/12/2013 27/01/2014 BF                               | Non-Reporting ltr (2nd):                                                |                                                   |
| SGS 8823G                                                                                                                                                            | CS3/ASM22009424/Gvy3m4 28/09/2022 - SMS 5708E SHA 3079D 22/09/2022 30/09/2022                                | Non-Reporting ltr (Final):                                              |                                                   |
|                                                                                                                                                                      | NA/CTI16019553/Y 15/10/2016 ONG YEOW SIONG SGS 8823G PA 5647G 14/10/2016                                     | 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: <u>L/Sum</u>                                                                                                                                            | S\$ <u>850.00</u> ( <u>2</u> days) Reduction: <u>48</u> %                                                    | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>14/02/2023</u> Confirm with <u>Catherine</u>                                                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>                                                    | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <u>with GST</u>                                                                                                                                         | S\$ <u>909.50</u>                                                                                            |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <u>438.16</u> ( <u>3.5</u> days) @ \$125.19                                                              |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ _____ (\$ _____ x _____ days)                                                                            |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ <u>175.00</u> (\$ <u>50</u> x <u>3.5</u> 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\$ <u>2.00</u>                                                                                              |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$ _____                                                                                                    | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement:                                                                                                                                                        | S\$ _____ (e.g. Tow/ Independent )                                                                           | 2) Report Format: <u>TP</u>                                             |                                                   |
| Legal Cost                                                                                                                                                           | S\$ _____                                                                                                    | 3) Survey fee: <u>\$400</u>                                             |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>1,524.66</u> <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\$ <u>1,524.66</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>                                         |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 2: _____                                                                                      |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 3: _____                                                                                      |                                                                         |                                                   |