

ASSIGNMENT

Surveyor:

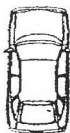
RAM

DOI: 26.11.2019

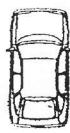
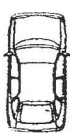
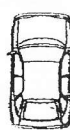
Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE

	Insured Vehicle No. :	SMN 5620A	Claim No. :	0881774757SG
	Name of Insured :	TAN BAO CAI	Policy No. :	1900150901
	Insured Tel No. :	HP: +65-91918748	Make / Model :	MINI ONE 1.5 F55
	Excess Sec II :S\$	D.O.A : 22/11/2019 22:45	Place of Accident :	273 BEDOK SOUTH AVE 3, SINGAPORE 469293
Is driver the owner? (☒ YES / NO) Nature of Accident :				
If NO, Driver Name / Age :				
Driver Tel No. :		(V/L: ☒ YES / NO)	OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO	Insured Liability : % Final ? Yes / No

SHD 3037J

	INSRS: WSP: CDGE LOYANG Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time		STAGE	DATE / PIC
	SMN 5620A - X	Non-Reporting ltr (1st):	
	SHD 3037J - CC3/AIG18010279/K1ub3q2 : DOA: 03.06.18	Non-Reporting ltr (2nd):	
	- CS/FCI14020320/Rtbd1; DOA: 25.10.14	Non-Reporting ltr (Final):	
09-01-20	ALTHOUGH BOTH PARTIES HAVE CCTV, BUT THE POINT OF IMPACT INDICATING THAT TAXI MOVE OFF FROM STATIONARY POINT WHEN I WAS IN THE MIST OF TURNING LEFT, THEREFORE TO REJECT TP CLAIM.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
19-02-20	TO HIGHLIGHT TO TP THE NON APPLICATION OF BOLA ON WHICH THEY RELY ON.	After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice	☐
		LTA / GIA :	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
			Post-Repair Photos: ☐
			Others: ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$ 1650.00	(3 days) Reduction: 63 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 16/9/2020	Confirm with: Kazali	Email ☒ Call ☐
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Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 14(a)	If NO or B 28, Ass. Lia :
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Repair Cost:	\$1765.50	S\$ 882.75	
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Loss of Rental (LOR):	\$281.68	S\$ 140.84	(2.5 days) x \$112.67
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Loss of Use (LOU):	S\$ -	(\$ x days)	
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Loss of Income (LOI):	\$125	S\$ 62.50	(\$ 50 x 2.5 days)
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
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GIA/LTA Search	S\$ 7.49		
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Medical:	S\$ -		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: ☒
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Legal Cost	S\$ -		3) Survey fee: \$320
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Total:	S\$ 1093.58	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$ 1093.58	Name 1:	Comfort Delgro Engineering Pte Ltd
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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