

ASSIGNMENT

Surveyor: RAM

DOI: 14/05/2020

Date / Time : 14/05/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YJ 1319B

Claim No. : _____

Name of Insured : NGEE BENG TRADING

Policy No. : _____

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A:15/05/2020

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident :	
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If NO, Driver Name / Age :

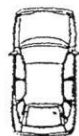
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

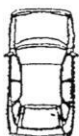
(V/L: **YES** / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers		
4. Employment Practices		
5. Automobile Liability		
6. Aircraft Liability		
7. Watercraft Liability		
8. Umbrella Liability		
9. Other		

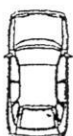
SHC 8797X



INSRS:
WSP: COMFORTDELGRO
Tel: (LOYANG)
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 8797X : CS/FCI19010122/Esd3e2 ; DOA : 31/05/2020 YJ 1319B : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
10/09/2020	Pls refer to VIEWS for details.		Call Ol:	
			After call ltr to Ol:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to Ol:	☐ ☐
			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:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 2,450.00 (3 days)	Reduction: 29 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/09/2020	Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,621.50			
Loss of Rental (LOR):	S\$ 332.01 (3 days)	x \$110.67		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	S\$ 7.49			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 3,111.00	Global Sum S\$: 3,100.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 3,100.00	Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		