

ASSIGNMENT CC4/AIG20006045/Fpa3Surveyor: **RAM**DOI: **01/06/2020**Date / Time : **01/06/2020**Registered in Merimen: **01/06/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLP 1819Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A :** **29.05.2020**

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**SHC 3995Z**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 3995Z - CC4/III18011895/Kwa3q2; 20.06.18	Non-Reporting ltr (1st):	
	CS/III14024132/K1qbk3 ; 29.12.14	Non-Reporting ltr (2nd):	
	CC3/AIG12018603/H1a2g2y ; 23.09.12	Non-Reporting ltr (Final):	
	SLP 1819Y - X	Notification ltr (if non-pickup):	
07/09/2021	Pls refer to VIEWS for details.	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		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: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 2,126.12 (3 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07/09/2021 Confirm with Kazali	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 2,274.95		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 225.00 (\$ 50 x 4.5 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: \$320.00	
Total:	S\$ 2,507.44 Global Sum S\$: 2,500.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 2,500.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		