

ASSIGNMENTSurveyor: TAUFIKHDOI: 17/06/2020Date / Time : 17/06/2020Registered in Merimen: 17/06/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SME 8912K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/06/2020

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**SH 6078UINSRS:
WSP: CDGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 6078U - CC3/AIG08017005/VDh 07/06/2008	Non-Reporting ltr (1st):	
	CS/FCI15000553/Kgbk3 08/01/2015	Non-Reporting ltr (2nd):	
	CS/FCI16022621/M1th3m2 25/11/2016	Non-Reporting ltr (Final):	
	SME 8912K - X	Notification ltr (if non-pickup):	
		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: <u>L/SUM</u> S\$ <u>1,050.00</u> (<u>2</u> days) Reduction: <u>78</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>09/09/2021</u>	Confirm with <u>KAZALI</u>	Email ☒ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>1,123.50</u>			
Loss of Rental (LOR): S\$ <u>143.69</u> (<u>2.5</u> days) x \$57.47			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ <u>7.49</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>320.00</u>	
Total: S\$ <u>1,399.68</u>	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ <u>1,399.68</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: _____		