

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 29/06/2020

Date / Time : 29/06/2020

Registered in Merimen: 29/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMA 7927X

Claim No. : 2561821630SG

Name of Insured : SU RUIKUN

Policy No. : 1800072346

Insured Tel No. : HP:

Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)

Excess Sec II :S\$ D.O.A : 26/06/2020

Place of Accident : AYE TOWARDS MCE LAMP POST 464

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 8991BINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 8991B - CC3/AXA13001344/H1v1dc3 ; 16/01/2013 CC4/AXA10021237/Dafr1 ; 21/10/2010 CC6/III15016928/M1pb3q2 ; 02/10/2015 CS/INC09002813/Ccq1 ; 26/12/2008 NBA/AIG14015571/Y ; 15/08/2014	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	SMA 7927X - X	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: L/SUM	S\$ 1,150.00 (2 days) Reduction: 41 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16.11.2021 Confirm with KAZALI		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost:	S\$ 1,230.50		
Loss of Rental (LOR):	S\$ 221.36 (4 days) x \$55.34		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 50 x 4 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 Settlement
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: 320.00
Total:	S\$ 1,659.35	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 1,659.35	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	