

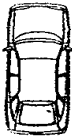
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **24/07/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKP 6914J**

Claim No. : _____

Name of Insured : **TAN CHIN KEE**

Policy No. : _____

Insured Tel No. : _____ HP: _____

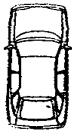
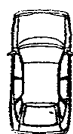
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **22/07/2020**

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** NODriver Tel No. : _____ (V/L **YES** NO)Insured Liability : _____ % **Final ? Yes / No****SHA 1863U** → _____ → _____ → _____ → _____INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 1863U : CS/TMI16019852/M1gh3n2 ; DOA : 18/10/2016	STAGE DATE / PIC
	SKP 6914J : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		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: MTH
Repair Cost: P/P S\$ 1,600.96 (2 days) Reduction: 51 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.04.21 Confirm with CATHERINE	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 1,713.03		OI CHARGED FOR CARELESS DRIVING
Loss of Rental (LOR): S\$ 250.38 (2 days) X \$125.19		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 100.00 (\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☒ [Tick only one]		
GIA/LTA Search S\$ 7.49		
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$400
Total: S\$ 2,070.90	Global Sum S\$: 2,070.00	
FINAL PAYMENT	Date/Time: 26.04.21 Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1: S\$ 2,070.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	