

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **27/07/2020**Date / Time : **27/07/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLK 2986S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **26/07/2020 11:40**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

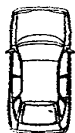
If NO, Driver Name / Age :

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SHC 1325X**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHC 1325X -	CC3/III19006471/K1ga3q2 ; 08/04/2019	STAGE	DATE / PIC
		CC4/III15008701/Gpa3q2 ; 22/05/2015	Non-Reporting ltr (1st):	
		NS/INC19014201/K1XX ; 08/08/2019	Non-Reporting ltr (2nd):	
	SLK 2986S - X		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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\$ 1,112.92	(2 days) Reduction: 46 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 12.09.20	Confirm with CATHERINE	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 1,190.82	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ 256.80	(2 days) X \$128.40		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ 100.00	(\$ 50 x 2 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	
Total:	S\$ 1,555.11	Global Sum S\$: 1,550.00		
FINAL PAYMENT	Date/Time: 12.09.20	Confirm with: CATHERINE	Email ☐	Call ☐
Payee 1:	S\$ 1,550.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		