

ASSIGNMENTSurveyor: TaufikhDOI: 12/08/2020Date / Time : 13/08/2020Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SLC 1346M

Claim No. : _____

Name of Insured : LIM AH HONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/08/2020

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 9347R**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 9347R : NBA/INC20004688/Y ; DOA : 27/03/2020 SLC 1346M : X		STAGE	DATE / PIC
			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
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by: MTH	
FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐	
Repair Cost:	L/S S\$ 300.00	(1 days) Reduction: 71 %		
FINAL SETTLEMENT	Date/Time: 13.11.20	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\$ 321.00	OI CHANGE LANE AND SIDE SWIPE TP WING MIRROR		
Loss of Rental (LOR):	S\$ 225.34	(2 days) X \$112.67		
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 + LO ☒	[Tick only one]			
GIA/LTA Search	S\$ 2.00			
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\$ 648.34	Global Sum S\$: 570.00		
FINAL PAYMENT	Date/Time: 13.11.20	Confirm with: CATHERINE	Email ☐	Call ☐
Payee 1:	S\$ 570.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		