

ASSIGNMENT

Surveyor: TAUFIKH DOI: 17/08/2020 Date / Time : 17/08/2020
 Registered in Merimen: 17/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 1144Y Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 16/08/2020 16:15 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**

SLK 1535S → SMU 1144Y → SHA 3399E → _____



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|---|
| | SHA 3399E - CS/FC110014521/Kvn ; 21/07/2010 | |
| | NS/INC11018831/H1vk3 ; 14/09/2011 | |
| | SMU 1144Y - 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) | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | Post-Repair Photos: <input type="checkbox"/> |
| | 5310.42 | Others: <input type="checkbox"/> |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: P/P S\$ 4,752.18 (3 days) Reduction: 558.24 % 11 | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 07/12/2020 Confirm with KAZALI | | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 | | If NO or B 28, Ass. Lia : 0% |
| Repair Cost: S\$ 5084.83 W/GST | | |
| Loss of Rental (LOR): S\$ 375.57 (3 days) x \$125.19 | | C.C (OI 2ND) |
| Loss of Use (LOU): S\$ (\$ x days) | | |
| Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 days) | | |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ 2.00 | | |
| Medical: S\$ | | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |
| Disbursement: S\$ (e.g. Tow/ Independent) | | 2) Report Format: TP |
| Legal Cost S\$ | | 3) Survey fee: \$320.00 |
| Total: S\$ 5612.40 | Global Sum S\$: 5600.00 | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ 5600.00 | Name 1: COMFORTDELGRO ENGINEERING PTE LTD | |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | |