

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **24.08.2020**Date / Time : **24.08.2020**Registered in Merimen: **24.08.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SBL 69R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **24/08/2020 08:05**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

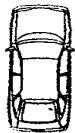
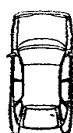
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No**SHB 3311C**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHB 3311C -	CC3/AIG15003238/H1ze3q2 ; 19/02/2015 CC4/ASM17023454/K1pa3s2 ; 07/12/2017 CS/FCI19001181/Kqd3n2 ; 17/01/2019 CS/INC09008566/Cpn ; 18/04/2009 NA/INC20007102/z4 ; 07/07/2020 NS/INC11000443/Dr1 ; 01/01/2011 NS/INC20006814/T1tf3n2 ; 27/06/2020	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
	SBL 69R - X		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: P/P	S\$ 1,417.12	(2 days) Reduction: 17 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 31/8/2021	Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,516.32			
Loss of Rental (LOR):	S\$ 156.49	(2.5 days) x \$62.59		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$ 125.00	(\$ 50 x 2.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: 320.00	
Total:	S\$ 1,799.81	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 1,799.81	Name 1: ComfortDelgro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		