

INS. CASE OWNER:

CC 3 / CTI 2000 9359 / T1es3

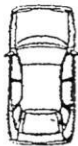
LKK:

IDAC:

## ASSIGNMENT

Surveyor: TaufikhDOI: 01/09/2020Date / Time : 02/09/2020Registered in Merimen: ---

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 9070L  
 Name of Insured : ER KEE SENG CARPENTRY CONSTRUCTION  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$S \_\_\_\_\_ D.O.A : 31/08/2020  
 Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_

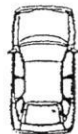
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO )OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

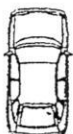
SHD 6546L



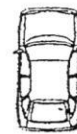
INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SHD 6546L : CC3/QBE16022198/H1hg3q2 ; DOA : 20/11/2016 GBJ 9070L : 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 Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>MTH</u>		
Repair Cost:	P/P \$S <u>961.00</u> ( <u>2</u> days) Reduction: <u>53</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: <u>15.10.20</u> Confirm with: <u>CATHERINE</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST \$S <u>1,028.27</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR):	\$S <u>312.98</u> ( <u>2.5</u> days) X \$125.19		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> 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 <u>7.49</u>		
Medical:	\$S -	1) Claim status: Normal/ <u>Repay/Private Settlement</u>	
Disbursement:	\$S - (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	\$S -	3) Survey fee: <u>\$400</u>	
Total:	\$S <u>1,473.74</u> Global Sum \$S: <u>1,470.00</u>		
FINAL PAYMENT	Date/Time: <u>15.10.20</u> Confirm with: <u>CATHERINE</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>1,470.00</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		