

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **24/09/2020**Date / Time : **24/09/2020**Registered in Merimen: **25/09/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKR 2958Z**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$D.O.A : **24/09/2020 13:10**Place of Accident : **HAVELOCK ROAD**

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**SHD 7091A**INSRS:
WSP: **CDGE LOYANG**

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SHD 7091A - CC3/AIG17022652/K1za3q2 ; 25/11/2017	Non-Reporting ltr (1st):	
	CC4/AIG18013316/Deb37 ; 20/07/2018	Non-Reporting ltr (2nd):	
	NA/MSG19016068/h4 : 27/08/2019	Non-Reporting ltr (Final):	
	SKR 2958Z - CC3/AXA16012765/Geb3q2 ; 10/07/2016	Notification ltr (if non-pickup):	
	CC3/MSG17001241/Utbn2 ; 19/01/2017	Call OI:	
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S	S\$ 3,850.00 (2 days) Reduction: 34.93 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 10/03/2021 Confirm with kazali	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 19	If NO or B 28, Ass. Lia :	
Repair Cost W/GST	S\$ 4,119.50		
Loss of Rental (LOR)	S\$ 376.20 (3 days) x \$125.40		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI)	S\$ 150.00 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search 2.00	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:	4,645.70 S\$ 2,324.85 Global Sum S\$: 2,300.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 2,300.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		