

ASSIGNMENTSurveyor: **MARCUS**DOI: **22/10/2020**Date / Time : **22/10/2020**Registered in Merimen: **22/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKX 4711Z**

Claim No. : _____

Name of Insured : **COMFORTDELGRO RENT-A-CAR PTE.LTD**Policy No. : **M460802**

Insured Tel No. : _____ HP: _____

Make / Model : **NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD****Excess Sec II :S\$** _____ D.O.A : **21/10/2020 07:30**Place of Accident : **KPE/MCE FILTER TOWARDS**

Is driver the owner? (YES / NO) Nature of Accident : _____

PIE/TUAS EXITIf NO, Driver Name / Age : **VIPUL SIKKA**

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

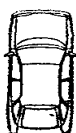
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SGW 6548T**INSRS:
WSP: **CHOO MOTOR**

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

INSRS:
WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	SGW 6548T - X	SKX 4711Z - 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)	☐
			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:	S\$ _____	(_____ days) Reduction: _____ %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: _____	Confirm with _____	Email ☐	Call ☐
Final Liability:	% _____	(Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____	
Repair Cost:	S\$ _____			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S\$ _____			
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: _____	
Legal Cost	S\$ _____		3) Survey fee: _____	
Total:	S\$ _____	Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐	Call ☐
Payee 1:	S\$ _____	Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		