

ASSIGNMENTSurveyor: STEVE CHENDOI: 26.10.2020Date / Time : 26.10.2020Registered in Merimen: 26.10.2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMD 2020D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 21.10.2020 20:20Place of Accident : HOUGANG AVE 9 X HOUGANG ST

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

92

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**SHA 4368MINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	<u>SHA 4368M - CC4/FCI20009561/R1ka3q2 ; 31/01/2020</u>	STAGE	DATE / PIC
	<u>CS/FCI16017958/T1th3n2 ; 19/09/2016</u>	Non-Reporting ltr (1st):	
	<u>CS/FCI16018549/Kvbc2 ; 29/09/2016</u>	Non-Reporting ltr (2nd):	
	<u>CS/FCI17003132/Avbn2 ; 13/02/2017</u>	Non-Reporting ltr (Final):	
	<u>CS3/FCI17018969/M1bs2 ; 29/09/2017</u>	Notification ltr (if non-pickup):	
	<u>NA/INC16012687/h4 1; 09/07/2016</u>	Call OI:	
	<u>NS/INC17016404/K1vbn2 ; 22/08/2017</u>	After call ltr to OI:	
	<u>SMD 2020D - X</u>	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: <u>CTY</u>	
Repair Cost: <u>P/P</u>	\$S\$ <u>1,157.12</u> (<u>2</u> days) Reduction: <u>17</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>17.09.21</u> Confirm with: <u>KAZALI</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S\$ <u>1,238.12</u>	<u>OI HIT TP STATIONARY VEH</u>	
Loss of Rental (LOR):	\$S\$ <u>250.38</u> (<u>2</u> days) X \$125.19		
Loss of Use (LOU):	\$S\$ <u>-</u> (\$ <u>x</u> days)		
Loss of Income (LOI):	\$S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S\$ <u>2.00</u>		
Medical:	\$S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	\$S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ <u>-</u>	3) Survey fee: <u>\$320</u>	
Total:	\$S\$ <u>1,590.50</u> Global Sum \$S\$: 1,590.00		
FINAL PAYMENT	Date/Time: <u>17.09.21</u> Confirm with: <u>KAZALI</u>	Email ☐ Call ☐	
Payee 1:	\$S\$ <u>1,590.00</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:		