

Surveyor:

STEVE

DOI:

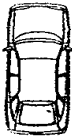
ASSIGNMENT

27/10/2020

Date / Time : 28/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 9599C

Claim No. : _____

Name of Insured : PATRICK CHEN GUEK FAH

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/10/2020

Place of Accident : _____

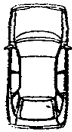
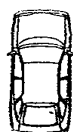
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHB 4474J

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

Date/ Time		
	SHB 4474J : CC3/AIG08018418/CCh ; DOA : 24/06/2008	STAGE
	SJP 9599C : CC3/CAI13019805/Kpb3q2 ; DOA : 1/10/2013	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S S\$ 750.00 (2 days) Reduction: 52 %		Confirm by: CTY
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.04.21	Confirm with JIM WONG
Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL		Email ☐ Call ☐
Repair Costw/GST : \$802.50 S\$ 401.25		If NO or B 28, Ass. Lia : BOTH PARTY STRADDLING LANE
Loss of Rental (LOR) \$250.80 S\$ 125.40 (2 days) X \$125.40		
Loss of Use (LOU): - S\$ - (\$ x days)		
Loss of Income (LOI): \$100 S\$ 50.00 (\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☒ [Tick only one]		
GIA/LTA Search \$2.00 S\$ 2.00		
Medical: - S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement: - S\$ -		2) Report Format: TP
Legal Cost - S\$ -		3) Survey fee: \$400
Total: \$1,155.30 S\$ 578.65		Global Sum S\$: 570.00
FINAL PAYMENT	Date/Time: 07.04.21	Confirm with: JIM WONG
		Email ☐ Call ☐
Payee 1:	S\$ 570.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: