

ASSIGNMENTSurveyor: **STEVE CHEN**DOI: **12.11.2020**Date / Time : **12.11.2020**Registered in Merimen: **12.11.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SCW 3K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **12.11.2020 09:30**Place of Accident : **31A PUNGGOL TWENTY-FOURTH AVE**

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****SH 8875Y**INSRS: **CDGE**
WSP: **LOYANG**
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SH 8875Y - CC3/AIG07000269/Vts ; 03/08/2007	Non-Reporting ltr (1st):	
	CS3/III15020452/Ybc2 ; 30/11/2015	Non-Reporting ltr (2nd):	
	NS/INC20011529/Esd3e2 ; 17/10/2020	Non-Reporting ltr (Final):	
	SCW 3K - X	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: _____	Confirm by: _____	
Repair Cost: P/P	\$S\$ 935.12 (2 days) Reduction: 42 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 19.01.2021 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S\$ 1,000.58		
Loss of Rental (LOR):	\$S\$ 250.38 (2 days) x \$125.19		
Loss of Use (LOU):	\$S\$ (\$ x days)		
Loss of Income (LOI):	\$S\$ 100.00 (\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S\$ 7.49		
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:	\$S\$ 1,358.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S\$ 1,358.45 Name 1: ComfortDelgro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		