

ASSIGNMENTSurveyor: TAUFIKHDOI: 01.12.2020Date / Time : 01.12.2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SME 852C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 27.11.2020 16:45Place of Accident : CAIRNHILL 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**SHB 2369TINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHB 2369T - CC3/AIG11004391/H1a2g2w2 ; 19/02/2011</u>	Non-Reporting ltr (1st):	
	<u>CC3/AIG15000690/H1ha3q2 ; 09/01/2015</u>	Non-Reporting ltr (2nd):	
	<u>CS/TMI14016417/H1vm3u2 ; 27/08/2014</u>	Non-Reporting ltr (Final):	
	<u>SME 852C - CS/CTI20013147/f3 ; 27.11.2020</u>	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: P/P	\$S\$ <u>830.00</u> (<u>2</u> days) Reduction: <u>14</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>26/02/2021</u> Confirm with <u>CATHERINE</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ <u>888.10</u>		
Loss of Rental (LOR):	\$S\$ <u>500.76</u> (<u>4</u> days) x \$125.19		
Loss of Use (LOU):	\$S\$ (\$ <u>50</u> x <u>4</u> days)		
Loss of Income (LOI):	\$S\$ <u>200.00</u> (\$ <u>50</u> x <u>4</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	\$S\$ <u>7.49</u>		
Medical:	\$S\$	1) Claim status: Normal <u>TP</u>	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$	3) Survey fee: <u>400.00</u>	
Total:	\$S\$ <u>1,596.35</u> Global Sum \$S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S\$ <u>1,596.35</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: _____		