

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **28/12/2020**Date / Time : **28/12/2020**Registered in Merimen: **28/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKE 9889L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **26.12.2020 08:00**Place of Accident : **9 JLN MEMBINA OSCP**

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

If NO, Driver Name / Age :

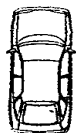
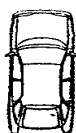
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHC 8452RINSRS:
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
	SHC 8452R - CC3/AIG09013726/Ywj ; 18/06/2009		
	CC3/AIG10023666/Fa2f2r1 ; 13/11/2010	Non-Reporting ltr (1st):	
	CC3/CTI16009156/H1ya3q2 ; 14/05/2016	Non-Reporting ltr (2nd):	
	CS/AWA16000900/H1qh3c2 ; 13/01/2016	Non-Reporting ltr (Final):	
	NA/CTI16008977/h4 ; 14/05/2016	Notification ltr (if non-pickup):	
	NS/INC10014767/Dg1 ; 24/07/2010	Call OI:	
	SKE 9889L - CC3/AIG14009964/Rvm3d1 ; 25.5.2014	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: L/S	S\$ \$1,100.00 (2 days) Reduction: \$1,289.68 % 54	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09/11/2021 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,177.00 W/GST		
Loss of Rental (LOR):	S\$ 517.28 (4.5 days) x 114.95		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 225.00 (\$ 50 x 4.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 2.00		
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\$ 1,921.28 Global Sum S\$: 1,900.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 1,900.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	