

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **28/12/2020**Date / Time : **28/12/2020**Registered in Merimen: **28/12/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLB 995B**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/12/2020 21:15**

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 / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SHC 1162Z**INSRS:
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 1162Z - CC3/AIG13007734/H1a2a3y ; 25/04/2013	Non-Reporting ltr (1st):	
	CC3/AIG14018509/H1pdy3q2 ; 26/09/2014	Non-Reporting ltr (2nd):	
	CC6/III17016970/Uwa3q2 ; 30/08/2017	Non-Reporting ltr (Final):	
	CS/MSG19021355/Dqf3n2 ; 28/11/2019	Notification ltr (if non-pickup):	
	CS3/III14007456/R1m3k3 ; 23/04/2014	Call OI:	
	NA/INC13014390/E ; 07/08/2013	After call ltr to OI:	
	NS/INC10001631/Fn ; 23/01/2010	Documentation Check List:	Handler Typist
	SLB 995B - X	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\$ 1,400.00 (2 days) Reduction: \$714.12 % 34		Email ☒ Call ☐	
FINAL SETTLEMENT Date/Time: 16/11/2021	Confirm with OLIVIA	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 1,498.00 W/GST			
Loss of Rental (LOR): S\$ 250.80 (2 days) x \$125.40			
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\$ 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\$ 1,850.80	Global Sum S\$: 1,850.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 1,850.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		