

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **29/12/2020**Date / Time : **29/12/2020**Registered in Merimen: **_____****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBC 8778Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **29/12/2020 08:55**Place of Accident : **SERANGOON AVE 2**

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 6629S**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 6629S - CC3/AIG08013749/VDn ; 02/05/2008	STAGE	DATE / PIC
	CC3/AIG10005437/Fn1f2k2 ; 16/03/2010	Non-Reporting ltr (1st):	
	CC3/III20013538/T1pa3 ; 06/12/2020	Non-Reporting ltr (2nd):	
	CC4/EGI19010307/K1hb3q2 ; 05/06/2019	Non-Reporting ltr (Final):	
	CS/FCI09004842/Kfr1 ; 02/03/2009	Notification ltr (if non-pickup):	
	CS/FCI16019241/T1th3q2 ; 06/10/2016	Call OI:	
	CS/SMO19010169/K1vd3n2 ; 05/06/2019	After call ltr to OI:	
	GBC 8778Y - X	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\$ 4,806.28 (4 days) Reduction: 13 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/05/2021 Confirm with CATHERINE	Email ☒	Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 5,142.72	S\$ 2,571.36		
Loss of Rental (LOR): 563.36	S\$ 281.68 (4.5 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI): 225.00	S\$ 112.50 (\$ 50 x 4.5 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: 400.00	
Total:	S\$ 2,973.03	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 2,973.03	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	