

ASSIGNMENT

Surveyor:

TAUFIKH

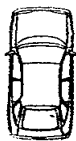
DOI:

06/01/2021

Date / Time :

06/01/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SLK 2007T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **04/01/2021 18:55**

Place of Accident : _____

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

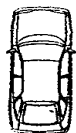
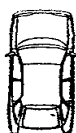
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No**SH 7567T**INSRS:
WSP: **CDGE 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 7567T - CC3/CTI17005461/H1ub3n2 ; 15/03/2017	Non-Reporting ltr (1st):	
	CC3/QBE17023902/K1ub3n2 ; 14/12/2017	Non-Reporting ltr (2nd):	
	CS/FCI16020398/H1tbm2 ; 24/10/2016	Non-Reporting ltr (Final):	
	CS3/FCI14017858/Wqbu2-1 ; 16/09/2014	Notification ltr (if non-pickup):	
	CS3/FCI14017858/Wqm3d1 ; 16/09/2014	Call OI:	
	NA/CTI17005302/k4 ; 15/03/2017	After call ltr to OI:	
	NS/INC15010045/H1vbq2 ; 14/06/2015	Documentation Check List: Handler Typist	
	NS/INC20002763/Fyf3n2 ; 15/02/2020	Notification ltr (if non-pickup)	☐
	SLK 2007T- X	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\$ 1,590.58 (2 days) Reduction: 16 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 12.04.2021 Confirm with JIM		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: W/GST S\$ 1,701.92			
Loss of Rental (LOR): S\$ 385.20 (3 days) x \$128.40			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 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: 400.00	
Total: S\$ 2,239.12 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1: S\$ 2,239.12	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		