

ASSIGNMENTSurveyor: TaufikhDOI: 18/01/2021Date / Time : 18/01/2021Registered in Merimen: 18/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMA 1031U

Claim No. : _____

Name of Insured : ZHANG LIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/01/2021

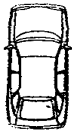
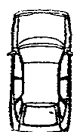
Place of Accident : _____

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****SHD 4450S**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 4450S : X ; SMA 1031U : X		STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: P/P S\$ 1,372.32 (2 days) Reduction: 40 % Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT Date/Time: 08/09/2021 Confirm with Kazali Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 19 If NO or B 28, Ass. Lia : _____				
Repair Cost: 1,468.38 S\$ 734.19				
Loss of Rental (LOR): 438.17 S\$ 219.09 (3.5 days) x S\$125.19				
Loss of Use (LOU): S\$ _____ (\$ x days)				
Loss of Income (LOI): 175.00 S\$ 87.50 (\$ 50 x 3.5 days)				
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ 2.00				
Medical: S\$ _____				
Disbursement: S\$ _____ (e.g. Tow/ Independent)				
Legal Cost S\$ _____				
Total: S\$ 1,042.78 Global Sum S\$1,000.00				
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Payee 1: S\$ 1,000.00 Name 1: ComfortDelGro Engineering Pte Ltd				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				

w/GST