

ASSIGNMENT

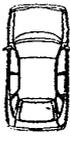
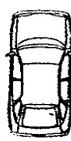
Surveyor: TAUFIKH DOI: 22/01/2021 Date / Time : 22/01/2021
 Registered in Merimen: 22/01/2021

Pre-assign / CCU / FTE

 Insured Vehicle No. : SGE 900T Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 21.01.2021 18:25 Place of Accident : CTE BEFORE BRADDEL EXIT
 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 3748R →

 INSRS: _____ WSP: CDGE LOYANG  INSRS: _____ WSP: _____
 Tel : _____ Tel : _____
 Liability : _____ Liability : _____
 RMKS: _____ RMKS: _____  INSRS: _____ WSP: _____
 Tel : _____ Tel : _____
 Liability : _____ Liability : _____
 RMKS: _____ RMKS: _____  INSRS: _____ WSP: _____
 Tel : _____ Tel : _____
 Liability : _____ Liability : _____
 RMKS: _____ RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SHD 3748R - CA/AIG11002046/c2 ; 01/02/2011</u>	Non-Reporting ltr (1st):	
	<u>CS/FC18009163/Usbn2 ; 16/05/2018</u>	Non-Reporting ltr (2nd):	
	<u>SGE 900T - X</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
<u>16/07/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____
 Post-Repair Photos:
 Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L/S S\$ 1,150.00 (2 days) Reduction: 38.04 %
 Email Call

FINAL SETTLEMENT Date/Time: 15/07/2021 Confirm with KAZALI Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 1,230.50

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\$ 1,583.30 **Global Sum S\$:** 1,550.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ 1,550.00 Name 1: ComfortDelGro Engineering Pte Ltd

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____