

ASSIGNMENT

Surveyor:

TAUFIKH

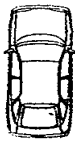
DOI:

25/01/2021

Date / Time :

25/01/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SMQ 5781C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **24/01/2021 16:00**Place of Accident : **CHOA CHU KANG WAY**

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

If NO, Driver Name / Age :

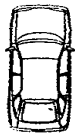
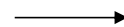
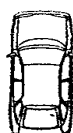
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**GBJ 8834G****SMQ 5781C****SHA 4949L**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:**TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHA 4949L - X	SMQ 5781C - 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)	☐
			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:	☐
			Post-Repair Photos:	☐
			Others:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/SUM	S\$ 1,350.00	(2 days) Reduction: 30 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 16/8/2021	Confirm with: CATHERINE	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0	
Repair Cost:	S\$ 1,444.50			
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: 400.00		
Total:	S\$ 1,797.30	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	S\$ 1,797.30	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		