

Surveyor:

XGQ

DOI:

ASSIGNMENT

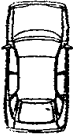
27/01/2021

Date / Time :

28/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 6864P

Claim No. : _____

Name of Insured : HONG LAM MARINE PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/01/2021

Place of Accident : _____

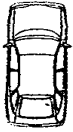
Is driver the owner? (YES / **NO**) Nature of Accident : _____

If **NO**, Driver Name / Age :

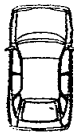
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : (V/L: **YES**/ NO)

Insured Liability :	%	Final ? Yes / No
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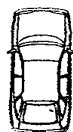
SHA 3053C



INSRS:
WSP:COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	SHA 3053C : NS/INC14018833/H1gbk3 ; DOA : 03/10/2014		STAGE	
	GBD 6864P : CS/CT118010307/T1sd3n2 ; DOA : 05/06/2018		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 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:	
Repair Cost: P/P S\$ 3,929.91 (3 days) Reduction: 57 %			Confirm by: XGQ	
			Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 26.04.21			Confirm with CATHERINE	
			Email ☐ Cal ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,205.00		OI REAR ENDED TP	
Loss of Rental (LOR):	S\$ 324.20 (2.5 days) X \$129.68			
Loss of Use (LOU):	S\$ - (\$ x days)			
Loss of Income (LOI):	S\$ 125.00 (\$ 50 x 2.5 days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOU ☒	[Tick only one]		
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -	1) Claim status: Normal/Reject/Dispute/Settle		
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$ -	3) Survey fee: \$400		
Total:	S\$ 4,656.20	Global Sum S\$: 4,650.00		
FINAL PAYMENT Date/Time: 26.04.21			Confirm with: CATHERINE	
			Email ☐ Cal ☐	
Payee 1:	S\$ 4,650.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		