

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **29/01/2021**Date / Time : **29/01/2021**Registered in Merimen: **29/01/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMD 5002L**

Claim No. : _____

Name of Insured : **ACE FLEET MANAGEMENT P/L**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **28/01/2021 08:55**

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

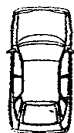
If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

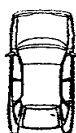
Final ? Yes / No**SHA 1741M**

INSRS:

WSP: **CDGE**
Tel : **LOYANG**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 1741M - CC3/AIG16022052/H1zg3q2 ; 17/11/2016	Non-Reporting ltr (1st):	
	CC4/III17012830/Upa3q2 ; 29/06/2017	Non-Reporting ltr (2nd):	
	SMD 5002L - NA/AIG20009828/h4 ; 14.09.2020	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: MTH		
Repair Cost: P/P	S\$ 3,032.40 (2 days) Reduction: 11 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 30.03.22 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\$ 3,244.67	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ 438.17 (3.5 days) x \$125.19		
Loss of Use (LOU):	S\$ - (\$ - x - days)		
Loss of Income (LOI):	S\$ 175.00 (\$ 50 x 3.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 7.49		
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	
Total:	S\$ 3,865.33 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 30.03.22 Confirm with: KAZALI	Email ☐	Call ☐
Payee 1:	S\$ 3,865.33 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		