

ASSIGNMENTSurveyor: TaufikhDOI: 02/02/2021Date / Time : 02/02/2021Registered in Merimen: 02/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMF 529G

Claim No. : _____

Name of Insured : WONG YEAN YEAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

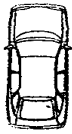
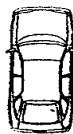
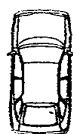
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 31/01/2021

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****SHC 2523J** → _____ → _____ → _____ → _____INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 2523J : X ; SMF 529G : 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\$ 3,861.68	(2 days) Reduction: \$344.92	% 8	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 08/12/2021	Confirm with KAZALI	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 14a	If NO or B 28, Ass. Lia :	
Repair Cost: 4,132.00	S\$ 2,066.00	W/GST		
Loss of Rental (LOR) 375.57	S\$ 187.79	(3 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI): 150.00	S\$ 75.00	(\$ 50 x 3 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\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$	2) Report Format: TP		
Total:	S\$ 2,330.79	Global Sum S\$:	2,300.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,300.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		