

ASSIGNMENT

CC4/AIG21002324/Gpa3

Surveyor: XING GUO QIANGDOI: 18/02/2021Date / Time : 18/02/2021Registered in Merimen: 18/02/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMH 2086T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 11/02/2021 13:45

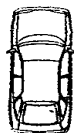
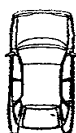
Place of Accident : _____

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**SHC 8768EINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	<u>SHC 8768E - CC3/AIG15016091/H1wb3q2 ; 20/09/2015</u>	STAGE	DATE / PIC		
	<u>CS/III14016517/H1qm3k3 ; 26/08/2014</u>	Non-Reporting ltr (1st):			
	<u>NA/MSG15004999/d2 ; 17/03/2015</u>	Non-Reporting ltr (2nd):			
	<u>NS/INC16006600/H1vbn2 ; 07/04/2016</u>	Non-Reporting ltr (Final):			
	<u>SMH 2086T - X</u>	Notification ltr (if non-pickup):			
		Call OI:			
		After call ltr to OI:			
<u>31/10/2021</u>	<u>Pls refer to VIEWS for details.</u>	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: _____	Confirm by: _____		
Repair Cost: <u>L/sum</u>	S\$ <u>1,400.00</u>	(<u>2</u> days) Reduction: <u>38</u> %	Email ☒	Call ☐	
FINAL SETTLEMENT	Date/Time: <u>31/10/2021</u>	Confirm with <u>Kazali</u>	Email ☒	Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u>	S\$ <u>1,498.00</u>				
Loss of Rental (LOR):	S\$ <u>221.34</u>	(<u>2</u> days) x S\$ <u>110.67</u>			
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ <u>100.00</u>	(\$ <u>50</u> x <u>2</u> days)			
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>				
Medical:	S\$ _____		1) Claim status: Normal/ Reject/Prints Settle		
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>		
Total:	S\$ <u>1,821.34</u>	Global Sum S\$: <u>1,800.00</u>			
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒	Call ☐	
Payee 1:	S\$ <u>1,800.00</u>	Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>			
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____			
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____			