

ASSIGNMENT

Surveyor:

Taufikh

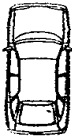
DOI:

04/03/2021

Date / Time :

04/03/2021

Registered in Merimen:

04/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SJW 1629R**

Claim No. : _____

Name of Insured : **WOON TAI WEE**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **04/03/2021**

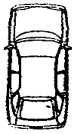
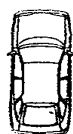
Place of Accident : _____

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: ☒ YES / NO)Insured Liability : % **Final ? Yes / No****SHD 3526P**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 3526P : CS/FCI18007366/Dvbe2 ; DOA : 17/04/2018		STAGE	DATE / PIC
	SJW 1629R : X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
23/04/2021	Pls refer to VIEWS for details.		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____			Confirm by: _____	
Repair Cost: L/sum	S\$ 3,400.00	(3 days) Reduction: 34 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 23/04/2021 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\$ 3,638.00			
Loss of Rental (LOR):	S\$ 563.36	(4.5 days) x \$125.19		
Loss of Use (LOU):	S\$ _____	(\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 225.00	(\$ 50 x 4.5 days)		
LOR only ☐	LOU only ☐	LOR + LOU ☒	[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: \$320.00	
Total:	S\$ 4,428.36	Global Sum S\$: 4,400.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☒	Call ☐
Payee 1:	S\$ 4,400.00	Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		