

ASSIGNMENTSurveyor: TaufikhDOI: 02/03/2021Date / Time : 04/03/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : XD 3345E

Claim No. : _____

Name of Insured : LAM KIAT CONSTRUCTION & TRADING PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/03/2021

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SHD 4323B**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 4323B : CC3/CTI15016700/H1pg3n2 ; DOA : 02/10/2015	STAGE
	XD 3345E : X	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\$ 1,104.57 (2 days) Reduction: 73 %		Confirm by: MTH
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15.04.21	Confirm with: CATHERINE
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		Email ☐ Call ☐
Repair Cost: w/GST S\$ 1,181.89 OID REAR ENDED TP		If NO or B 28, Ass. Lia :
Loss of Rental (LOR): S\$ 379.41 (3 days) X \$126.47		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [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: \$400
Total: S\$ 1,713.30	Global Sum S\$: 1,710.00	
FINAL PAYMENT	Date/Time: 15.04.21	Confirm with: CATHERINE
Payee 1: S\$ 1,710.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	