

ASSIGNMENTSurveyor: TaufikhDOI: 11/03/2021Date / Time : 11/03/2021Registered in Merimen: 11/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLT 531L

Claim No. : _____

Name of Insured : TAN XIN HUI AMELIA

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 10/03/2021

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****SHA 4666C**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 4666C : CC3/AIG17013969/K1hb3q2 ; DOA : 16/07/2017	STAGE DATE / PIC
	SLT 531L : NA/AIG21003176/h4 ; DOA : 10/03/2021	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
29/06/2021	Pls refer to Views for details.	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: L/sum	S\$ 1,350.00 (2 days) Reduction: 38 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/06/2021 Confirm with Kazali	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S\$ 1,444.50	
Loss of Rental (LOR):	S\$ 332.01 (3 days) x \$110.67	
Loss of Use (LOU):	S\$ _____ (\$ x days)	
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 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\$ 1,928.51 Global Sum S\$: 1,920.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 1,920.00 Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	