

ASSIGNMENT

Surveyor:

Taufikh

DOI:

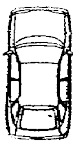
26/03/2021

Date / Time :

31/03/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 316D

Claim No. : _____

Name of Insured : Tan Huan

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 25/03/2021

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

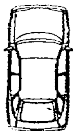
Driver Tel No. :

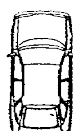
(V/L: **YES** / NO)

Insured Liability : %

Final ? Yes / No

SHA 7743T


 INSRS:
WSP: **CDGE**
Tel :
Liability :
RMKS:

 INSRS:
WSP:
Tel :
Liability :
RMKS:

 INSRS:
WSP:
Tel :
Liability :
RMKS:

 INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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 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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: MTH			
Repair Cost: P/P S\$ 7,147.72 (4 days) Reduction: 43 % Email ☐ Call ☐			
FINAL SETTLEMENT Date/Time: 10.03.22 Confirm with CATHERINE Email ☐ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 7,648.06	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ 688.55 (5.5 days) x \$125.19		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ 275.00 (\$ 50 x 5.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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\$ 8,613.61 Global Sum S\$: 8,610.00		
FINAL PAYMENT Date/Time: 10.03.22 Confirm with: CATHERINE Email ☐ Call ☐			
Payee 1:	S\$ 8,610.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		