

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **22/04/2021**Date / Time : **22/04/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGS 3844D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **21/04/2021 12:54**

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 7085Z**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time					
	SHC 7085Z - NBA/CTI21005033/Y ; 21.04.2021	STAGE	DATE / PIC		
	SGS 3844D - NBA/CTI20008820/Y ; 21/08/2020	Non-Reporting ltr (1st):			
	NBA/CTI21005033/Y; 21/04/2021	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: _____	Confirm by: MTH		
Repair Cost: L/S	S\$ 1,300.00	(2 days) Reduction: 58 %	Email ☐	Call ☐	
FINAL SETTLEMENT	Date/Time: 21.06.21	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\$ 1,391.00	OID REAR ENDED TP			
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 ☐	LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	S\$ 7.49				
Medical:	S\$ -		1) Claim status: Normal/Reject/Prints/Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP/WP		
Legal Cost	S\$ -		3) Survey fee: \$400		
Total:	S\$ 1,880.50	Global Sum S\$: 1,880.00			
FINAL PAYMENT	Date/Time: 21.06.21	Confirm with: CATHERINE	Email ☐	Call ☐	
Payee 1:	S\$ 1,880.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			