

ASSIGNMENTSurveyor: **RASUL**DOI: **04/05/2021**Date / Time : **04/05/2021**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLX 5232X**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **02/05/2021 14:30**

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

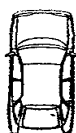
Final ? Yes / No**SHA 6575T**

INSRS:

WSP: **CDGE**Tel : **LOYANG**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 6575T - CC4/III19016234/Epb3q2 ; 11/09/2019	Non-Reporting ltr (1st):	
	CS/INC09017582/Cn ; 05/08/2009	Non-Reporting ltr (2nd):	
	SLX 5232X - X	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: MRB		
Repair Cost: P/P	S\$ 1,720.32 (3 days) Reduction: 67 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 12.10.21 Confirm with CATHERINE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,840.74	OI EXIT FROM PARKING LOT HIT TP	
Loss of Rental (LOR):	S\$ 438.17 (3.5 days) X \$125.19		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ 175.00 (\$ 50 x 3.5 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\$ 2,455.91	Global Sum S\$ 2,450.00	
FINAL PAYMENT	Date/Time: 12.10.21 Confirm with: CATHERINE	Email ☐ Call ☐	
Payee 1:	S\$ 2,450.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	