

ASSIGNMENTSurveyor: TaufikhDOI: 07/05/2021Date / Time : 10/05/2021Registered in Merimen: 10/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SGQ 6336U

Claim No. : _____

Name of Insured : HENG SENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 06/05/2021Place of Accident : CROSS ST & CECIL STIs 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 4543Z → _____ → _____ → _____ → _____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 4543Z : CC3/CTI20000408/Fea3n2 ; DOA : 01/01/2020	STAGE
	SGQ 6336U : 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\$ 1,323.40 (3 days) Reduction: \$1,402.44 % 51	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/07/2021	Confirm with KAZALI
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,416.04 W/GST	
Loss of Rental (LOR):	S\$ 500.76 (4 days) x \$125.19	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 200.00 (\$50 x 4 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒	[Tick only one]	
GIA/LTA Search	S\$ 7.49	
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\$ 2,124.29	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 2,124.29	Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: