

**ASSIGNMENT**

CC3/CTI21005943/Gpa3q2

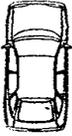
Surveyor: XGQ

DOI: 17/05/2021

Date / Time : 18/05/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : YP 3039P

Claim No. : SNM21D202950

Name of Insured : SKYLINK VEHICLE RENTAL PTE LTD

Policy No. : DMCVSNA00049832100

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/05/2021

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

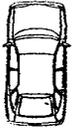
If NO, Driver Name / Age : \_\_\_\_\_

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

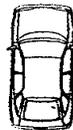
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

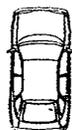
SH 9597T



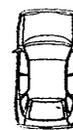
INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SH 9597T : CC3/AIG17018265/K1hb3q2 ; DOA : 21/09/2017		STAGE	DATE / PIC
	YP 3039P : X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
	<b>Documentation Check List: Handler Typist</b>			
	Notification ltr (if non-pickup)		<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:		<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:		<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:		<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:		<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:		<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice		<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :		<input type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:		<input type="checkbox"/>	<input type="checkbox"/>
	PIR:		<input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:		<input type="checkbox"/>	<input type="checkbox"/>
	LOD		<input type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form:		<input type="checkbox"/>	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>L/sum</u>	S\$ <u>2,950.00</u>	( <u>3</u> days) Reduction: <u>55</u> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>25/03/2022</u>	Confirm with <u>Catherine</u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>50</u>	(Agreed / Assessed) BOLA S/N No. : <u>14a</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>3,156.50</u>	S\$ <u>1,578.25</u> w/GST		
Loss of Rental (LOR):	<del>627.33</del> <u>313.50</u>	( <u>5</u> days) x \$125.40		
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	<u>250.00</u> S\$ <u>125.00</u>	( \$ <u>50</u> x <u>5</u> days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ <u>7.49</u>			
Medical:	S\$		1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$400.00</u>	
<b>Total:</b>	S\$ <u>2,024.24</u>	<b>Global Sum S\$:</b> <u>2,000.00</u>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <u>2,000.00</u>	Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		