

**ASSIGNMENT**

Surveyor:

**TAUFIKH**

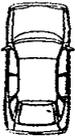
DOI:

**19/05/2021**

Date / Time :

**19/05/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBK 3862C**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

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

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

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : **18/05/2021 10:25**

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

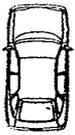
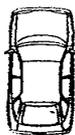
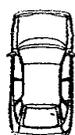
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

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****SHD 4541M**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
	<b>SHD 4541M - CC3/III16010583/Kea3q2 ; 04/06/2016</b>	Non-Reporting ltr (1st):	
	<b>CC6/III17001615/Aza3q2 ; 23/01/2017</b>	Non-Reporting ltr (2nd):	
	<b>NBA/INC19006677/Y ; 13/04/2019</b>	Non-Reporting ltr (Final):	
	<b>GBK 3862C - CC3/CTI21006111/T1ra3 ; 18.05.2021</b>	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:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>P/P</b> S\$ <b>1,145.00</b> ( <b>3</b> days) Reduction: <b>43</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>29/11/2021</b> Confirm with <b>CATHERINE</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <b>1,225.15</b>			
Loss of Rental (LOR): S\$ <b>375.57</b> ( <b>3</b> days) x \$125.19			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ <b>150.00</b> (\$ <b>50</b> x <b>3</b> 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\$ <b>2.00</b>			
Medical: S\$ _____		1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ _____ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$ _____		3) Survey fee: <b>400.00</b>	
<b>Total:</b> S\$ <b>1,752.72</b>	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <b>1,752.72</b>	Name 1: <b>ComfortDelgro Engineering Pte Ltd</b>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		