

ASSIGNMENTSurveyor: NAZDOI: 25/06/2021Date / Time : 25/06/2021Registered in Merimen: 25/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMS 9250G

Claim No. : _____

Name of Insured : TAN TECK BENGPolicy No. : 2070035431

Insured Tel No. : _____ HP: _____

Make / Model : Citroen C4 spacetourerExcess Sec II : \$ _____ D.O.A : 23/06/2021 20:24Place of Accident : SENGKANG GENERAL HOSPITAL
WARD TAXI STAND NEAR EXIT ROAD

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 8869YINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	<u>SHC 8869Y - CS/FCI10000100/Ubn ; 27/12/2009</u>	STAGE	DATE / PIC	
	<u>CS/HSB08025722/Kbh ; 18/09/2008</u>	Non-Reporting ltr (1st):		
	<u>NS/INC14003851/H1vm3c3 ; 25/02/2014</u>	Non-Reporting ltr (2nd):		
	<u>NS/INC16015496/H1vbn2 ; 17/08/2016</u>	Non-Reporting ltr (Final):		
	<u>SMS 9250G - CC4/AIG20013222/ps3 ; 27/11/2020</u>	Notification ltr (if non-pickup):		
		Call OI:		
		After call ltr to OI:		
		Documentation Check List: Handler Typist		
<u>28/01/2022</u>	<u>Pls refer to VIEWS for details.</u>	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: _____	
Repair Cost: <u>L/sum</u>	S\$ <u>2,500.00</u> (<u>3</u> days) Reduction: <u>41</u> %		Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>28/01/2022</u> Confirm with <u>Jim</u>		Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>2,675.00</u>			
Loss of Rental (LOR):	S\$ <u>332.01</u> (<u>3</u> days) x S\$110.67			
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]				
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ _____		1) Claim status: Normal/ Reject Private Secde	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>3,159.01</u>	Global Sum S\$: <u>2,100.00</u>		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>2,100.00</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: _____		