

ASSIGNMENT

Surveyor: TAUFIKH DOI: 16/07/2021 Date / Time : 15/07/2021
 Registered in Merimen: 15/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 9292K Claim No. : _____
 Name of Insured : KAREN CHANG LEE CHENG Policy No. : 1800024983
 Insured Tel No. : _____ HP: _____ Make / Model : Mercedes CLA180
Excess Sec II :S\$ _____ D.O.A : 14/07/2021 18:30 Place of Accident : PIE
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : CHARLES LOW YU JIE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SH 8102U



INSRS: _____
 WSP: **CDGE LOYANG**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
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 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time	STAGE	DATE / PIC
SH 8102U - NA/INC13003420/Cm2 ; 19/02/2013	Non-Reporting ltr (1st):	
NS/INC13003677/H1zd1 ; 19/02/2013	Non-Reporting ltr (2nd):	
NS/INC14010937/H1tbc3 ; 07/06/2014	Non-Reporting ltr (Final):	
SLZ 9292K - X	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/S</u> S\$ \$1,400.00 (<u>2</u> days) Reduction: \$517.00 % 27 Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>13/01/2022</u> Confirm with <u>JIM</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 1,498.00 W/GST		
Loss of Rental (LOR): S\$ 376.20 (<u>3</u> days) x \$125.40		
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI): S\$ 150.00 (\$ <u>50</u> x <u>3</u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ _____	3) Survey fee: \$320.00	
Total: S\$ 2,026.20 Global Sum S\$: 2,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 2,000.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		