

**ASSIGNMENT**Surveyor: **TAUFIKH**DOI: **26/07/2021**Date / Time : **26/07/2021**Registered in Merimen: **26/07/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GR 8131A**

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

Name of Insured : **Weng Huat Engineering Services Pte Ltd**

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **23/07/2021**

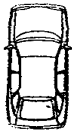
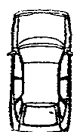
Place of Accident : \_\_\_\_\_

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****SHC 8703S**INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		
	SHC 8703S : CC4/ASM17023872/K1pa3q2 ; DOA : 14/12/2017	<b>STAGE</b> <b>DATE / PIC</b>
	GR 8131A : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
28/07/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL	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"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: P/P	S\$ \$1,110.00 ( 2 days) Reduction: \$1,290.24 % 54	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: 08/12/2021 Confirm with JIM	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,187.70 W/GST	
Loss of Rental (LOR):	S\$ 287.38 ( 2.5 days) x \$114.95	TP STATIONARY WITHIN LANE,
Loss of Use (LOU):	S\$ (\$ x days)	OI OVERTAKE ANOTHER STATIONARY
Loss of Income (LOI):	S\$ 125.00 (\$ 50 x 2.5 days)	VEHICLE IN FRONT OF HIM THUS, MOVING
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one]		TO OPP DIRECTION LANE FOR OVERTAKING
GIA/LTA Search	S\$ 2.00	AND GRAZED AGAINST TPV.
Medical:	S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
<b>Total:</b>	S\$ 1,602.08 <b>Global Sum S\$: 1,600.00</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,600.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	