

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **16/08/2021**Date / Time : **16/08/2021**Registered in Merimen: **16/08/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKP 8382E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **13/08/2021 16:50**Place of Accident : **14 Scotts Road, #06-00 Far East Plaza, Singapore 228213**

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 8152G**

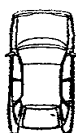
INSRS:

WSP: **CDGE LOYANG**

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SHC 8152G - CC3/AIG09007346/Cq1; 03/04/2009	Non-Reporting ltr (1st):	
	CC3/TMI17019971/M1qbn2; 17/10/2017	Non-Reporting ltr (2nd):	
	CS/III14013501/Aqm3d1; 09/07/2014	Non-Reporting ltr (Final):	
	CS/III14013566/H1tbu2; 09/07/2014	Notification ltr (if non-pickup):	
	SKP 8382E - X	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
	TPV: HYUNDAI I40 - 1685cc	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: L/S	S\$ \$1,200.00 (2 days) Reduction: \$2,947.04 % 71	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/01/2022 Confirm with JIM	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,284.00 W/GST		
Loss of Rental (LOR):	S\$ 332.01 (3 days) x \$110.67		
Loss of Use (LOU):	S\$ (\$ x days)	(OI REVERSE HIT ONTO TP)	
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ 2.00		
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 1,768.01 Global Sum S\$: 1,750.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 1,750.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		