

ASSIGNMENTSurveyor: THEVANDOI: 27/08/2021Date / Time : 27/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SLD 4343X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 26/08/2021

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**SLD 4343XSHA 9498MSKX 6852LSJP 9550SINSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHA 9498M - CS/FCI14017152/R1vm3u2 ; 03/09/2014</u>	Non-Reporting ltr (1st):	
	<u>NS/INC21005262/Nvcn2 ; 27/04/2021</u>	Non-Reporting ltr (2nd):	
	<u>SLD 4343X - CC4/AIG17000259/R1yb3q2 ; 30.12.2016</u>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	S\$ 18,518.12 (6 days) Reduction: 51 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>26/11/2021</u> Confirm with <u>Catherine</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100	
Repair Cost: w/GST	S\$ 19,814.39		
Loss of Rental (LOR):	S\$ 876.33 (7 days) x \$125.19		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 350.00 (\$ 50 x 7 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: \$400.00	
Total:	S\$ 21,042.72 Global Sum S\$: 21,000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 21,000.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		