

**ASSIGNMENT**

Surveyor: Thevan

DOI: 14/09/2021

Date / Time : 16/09/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SGU 9934C

Claim No. : SNM21D205240/C01/SGU9934C/TANKW

Name of Insured : \_\_\_\_\_

Policy No. : DMHCSNA00002692000

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 12/09/2021

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**

**SH 8326R**



INSRS: WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SH 8326R : NS/INC21008904/Gqc ; DOA : 22/08/2021 SGU 9934C : NBA/CTI20013895/Y ; DOA : 14/12/2020	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		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"/>
<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: <b>TTK</b>	
Repair Cost: <b>L/S</b>	\$S <b>1,750.00</b> ( <b>3</b> days) Reduction: <b>47%</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>22.06.22</b> Confirm with <b>CATHERINE</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	\$S <b>1,872.50</b>	<b>OID CHARGED FOR CARELESS DRIVING</b>	
Loss of Rental (LOR):	\$S <b>498.02</b> ( <b>4.5</b> days) x \$110.67		
Loss of Use (LOU):	\$S <b>-</b> (\$ x days)		
Loss of Income (LOI):	\$S <b>225.00</b> (\$50 x <b>4.5</b> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$S <b>7.49</b>		
Medical:	\$S <b>-</b>	1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement:	\$S <b>-</b> (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	\$S <b>-</b>	3) Survey fee: <b>\$400</b>	
<b>Total:</b>	\$S <b>2,603.01</b> <b>Global Sum \$S: 2,600.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: <b>22.06.22</b> Confirm with: <b>CATHERINE</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <b>2,600.00</b> Name 1: <b>COMFORTDELGRO ENGINEERING PTE LTD</b>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		