

ASSIGNMENT

Surveyor:

THEVANDOI: **20/09/2021**Date / Time : **20/09/2021**Registered in Merimen: **20/09/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **GBJ 9790S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **18/09/2021**Place of Accident : **Upper Changi Rd**

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****SHB 4029L**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 4029L - CC3/AIG14018555/H1pde3q2 ; 26/09/2014	STAGE	DATE / PIC
	CC3/AIG15020944/H1nb3q2 ; 07/12/2015	Non-Reporting ltr (1st):	
	CS/FCI14008855/Rgm3k3 ; 08/05/2014	Non-Reporting ltr (2nd):	
	CS3/FCI20006847/Eyf3e2 ; 28/06/2020	Non-Reporting ltr (Final):	
	NS/INC10016051/Dg1; 12/08/2010	Notification ltr (if non-pickup):	
	GBJ 9790S - X	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\$ \$4,395.30 (3 days) Reduction: \$428.36 % 9		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/03/2022 Confirm with AILEEN	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 4,702.97	S\$ 2,351.49 W/GST		
Loss of Rental (LOR) 505.88	S\$ 252.94 (4 days) X \$126.47		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI): 200	S\$ 100.00 (\$ 50 x 4 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\$ 2,706.43	Global Sum S\$: 2,700.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 2,700.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	