

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 01/10/2021Date / Time : 01/10/2021Registered in Merimen: 01/10/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKT 6920U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 30.09.2021

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**SHC 8511DINSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SHC 8511D - CC3/AIG17008251/H1zg3q2; 24/04/2017</u>	Non-Reporting ltr (1st):	
	<u>CC6/III15014293/M1pa3q2; 18/08/2015</u>	Non-Reporting ltr (2nd):	
	<u>SKT 6920U - CC3/AIG18003098/R1eb3q2 ; 13.02.2018</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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>XGQ</u>	
Repair Cost: <u>P/P</u> S\$ <u>2,890.40</u> (<u>4</u> days) Reduction: <u>32</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>08.09.22</u> Confirm with <u>AILEEN</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>15</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>3,092.73</u>		OID CHANGED LANE HIT TP	
Loss of Rental (LOR): S\$ <u>375.57</u> (<u>3</u> days) x \$125.19			
Loss of Use (LOU): S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)			
Loss of Income (LOI): S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ <u>7.49</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Print <u>Settle</u>	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$320</u>	
Total: S\$ <u>3,625.79</u>	Global Sum S\$: <u>3,620.00</u>		
FINAL PAYMENT	Date/Time: <u>08.09.22</u> Confirm with: <u>AILEEN</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>3,620.00</u>	Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		