

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **11/10/2021**Date / Time : **11/10/2021**Registered in Merimen: **11/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 4983G**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

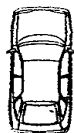
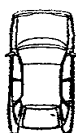
Excess Sec II :\$ _____ D.O.A : **09.10.2021 20:00**Place of Accident : **Near 139 Bukit Batok West Ave 8**

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 6959C**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
	SH 6959C - CC3/AIG09024514/Cwq1; 29/10/2009	Non-Reporting ltr (1st):	
	CS/FCI18007316/Ksbn2; 15/04/2018	Non-Reporting ltr (2nd):	
	YP 4983G - NA/INC19001568/h4 ; 23.01.2019	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 :	☐ ☐
	CLAIMANT - COMFORT TRANSPORTATION PTE LTD	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	TPV: HYUNDAI IONIQ - 1580cc	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: P/P	S\$ \$7,018.64 (3 days) Reduction: \$2,831.20 % 29	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/06/2022 Confirm with JIM	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 7,509.95 W/GST		
Loss of Rental (LOR):	S\$ 500.76 (4 days) x \$125.19		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 200.00 (\$ 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\$ 8,212.71 Global Sum S\$: 8,200.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 8,200.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	