

ASSIGNMENT

CC4/AIG21011135/Tpa3q2

Surveyor:

Taufikh

DOI:

01/11/2021

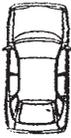
Date / Time :

01/11/2021

Registered in Merimen:

01/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKQ 4973X

Claim No. : 3152695716SG

Name of Insured : LIM HONG LIAN

Policy No. : 2100395507

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/10/2021

Place of Accident : _____

Is driver the owner? (YES **NO**) Nature of Accident : _____

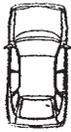
If NO, Driver Name / Age :

OI GIA REPORT: YES NO ; TP GIA REPORT: YES NO

Driver Tel No. : _____ (V/L: YES NO)

Insured Liability : _____ % **Final ? Yes / No**

SHD 4826S



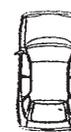
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHD 4826S : CS/ASM21006783/Aqce2 ; DOA : 16/06/2021	
	SKQ 4973X : CC6/AIG16001103/Kjb3q2 ; DOA : 23/12/2015	
03/11/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	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)	<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"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **P/P** S\$ **1,737.84** (**3** days) Reduction: **74** % Email Call

FINAL SETTLEMENT Date/Time: **04/07/2022** Confirm with **Jim** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S\$ **1,859.49**

Loss of Rental (LOR): S\$ **517.88** (**4** days) x S\$**129.47**

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 + LOU [Tick only one]

GIA/LTA Search S\$ **2.00**

Medical: S\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

Total: S\$ **2,579.37** **Global Sum S\$: 2,570.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **2,570.00** Name 1: **ComfortDelGro Engineering Pte Ltd**

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____