

ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/11/2021 Date / Time : 08/11/2021
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 7416T Claim No. : SNM21D206404/C02/PA7416T/TANKW
 Name of Insured : _____ Policy No. : DMB1SNW00014462005
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 08/11/2021 07:30 Place of Accident : Woodlands Ave 2, Singapore
 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 8832C



INSRS:
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
SHC 8832C - CC4/AIG20012426/Dga3q2; 10/11/2020	Non-Reporting ltr (1st):	
PA 7416T - NBA/CTI21011377/Y; 08/11/2021	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: MTH		
Repair Cost: L/S S\$ 600.00 (1 days) Reduction: 24 % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 27.05.22 Confirm with CATHERINE Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : 18 If NO or B 28, Ass. Lia :		
Repair Cost w/GST : \$642.00 S\$ 321.00 MERGING LANE		
Loss of Rental (LOR) \$229.90 S\$ 114.95 (2 days) x \$114.95		
Loss of Use (LOU): - S\$ - (\$ - x - days)		
Loss of Income (LOI): \$100 S\$ 50.00 (\$ 50 x 2 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search \$2.00 S\$ 2.00		
Medical: - S\$ -	1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement: - S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost - S\$ -	3) Survey fee: \$400	
Total: \$973.90 S\$ 487.95 Global Sum S\$:		
FINAL PAYMENT Date/Time: 27.05.22 Confirm with: CATHERINE Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 487.95 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		