

ASSIGNMENT

Surveyor: TAUFIKH DOI: 15/11/2021 Date / Time : 15/11/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE

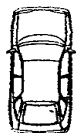
Insured Vehicle No. : GBH 771S Claim No. : SNM21D206588/C02/GBH771S/CHEESC
Name of Insured : _____ Policy No. : DMCVSNW00066472103
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 14/11/2021 07:30 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**SHC 3105B

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
	<u>SHC 3105B - CC6/III16011367/Uya3n2; 13/06/2016</u>	Non-Reporting ltr (1st):	
	<u>CF/AIG09001603/Caj; 30/12/2008</u>	Non-Reporting ltr (2nd):	
	<u>NA/INC12020802/e1; 25/10/2012</u>	Non-Reporting ltr (Final):	
	<u>NS/INC12020813/H1y1k3 ; 25/10/2012</u>	Notification ltr (if non-pickup):	
	<u>GBH 771S - X</u>	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: _____		
Repair Cost: <u>P/P</u>	S\$ <u>936.50</u> (<u>2</u> days) Reduction: <u>68</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>27/07/2022</u> Confirm with <u>Catherine</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,002.06</u>		
Loss of Rental (LOR):	S\$ <u>389.04</u> (<u>3</u> days) x \$129.68		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ 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>2.00</u>		
Medical:	S\$ _____	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$400.00</u>	
Total:	S\$ <u>1,543.10</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,543.10</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: _____		