

ASSIGNMENTSurveyor: **THEVAN**DOI: **29/11/2021**Date / Time : **29/11/2021**Registered in Merimen: **29/11/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKZ 8066R**Claim No. : **3607745673SG**

Name of Insured : _____

Policy No. : **1900079142-02**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$D.O.A : **26/11/2021 18:55**Place of Accident : **Paya Lebar Rd, 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**SHD 3512D**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 3512D - CC3/AXA13007341/H1eb3c3; 18/04/2013	STAGE	DATE / PIC
	CC4/III21000185/Gba3q2; 30/12/2020	Non-Reporting ltr (1st):	
	NA/AIG20014802/z4; 30/12/2020	Non-Reporting ltr (2nd):	
	NA/INC10011096/s1; 05/06/2010	Non-Reporting ltr (Final):	
	NS/INC10011074/Dn; 05/06/2010	Notification ltr (if non-pickup):	
	SKZ 8066R - CC3/AIG20007057/R1ka3q2 ; 03.07.2020	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: TTK	
Repair Cost: L/S S\$ 2,150.00	(2 days) Reduction: 70 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11.03.22 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\$ 2,300.50	OID GO STRAIGHT ON A TURNING LANE HIT TP		
Loss of Rental (LOR): S\$ 498.02	(4.5 days) x \$110.67		
Loss of Use (LOU): S\$ -	(\$ x days)		
Loss of Income (LOI): S\$ 225.00	(\$ 50 x 4.5 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\$ -	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320	
Total:	S\$ 3,025.52	Global Sum S\$: 3,020.00	
FINAL PAYMENT	Date/Time: 11.03.22 Confirm with: JIM	Email ☐ Call ☐	
Payee 1:	S\$ 3,020.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	