

ASSIGNMENT

Surveyor: XGQ DOI: 30/11/2021 Date / Time : 30/11/2021

Registered in Merimen: 30/11/2021

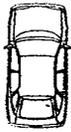
Pre-assign / CCU / FTE



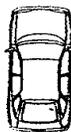
Insured Vehicle No. : SLG 4808G Claim No. : 7977162990SG
 Name of Insured : MARINE FAB & TECH PTE LTD Policy No. : 2070044102-01
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 29/11/2021 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

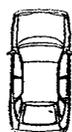
SHA 3070C



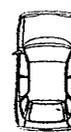
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 3070C : CC4/ASM21003818/T1ps3q2 ; DOA : 12/03/2021	
	SLG 4808G : X	
02/12/2021	- 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"/>
	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: <u>XGQ</u>
Repair Cost: <u>P/P</u> S\$ <u>1,201.00</u> (<u>2</u> days) Reduction: <u>57</u> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>13.09.22</u> Confirm with <u>JIM</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u> S\$ <u>1,285.07</u>		OI REAR ENDED TP
Loss of Rental (LOR): S\$ <u>250.38</u> (<u>2</u> days) x \$125.19		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost S\$ -		3) Survey fee: <u>\$320</u>
Total: S\$ <u>1,637.45</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: <u>13.09.22</u> Confirm with: <u>JIM</u>		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>1,637.45</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:		