

ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

13/12/2021

Date / Time :

13/12/2021

Registered in Merimen:

10/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLR 1760X**Claim No. : **1846909396SG**

Name of Insured : _____

Policy No. : **1700035208**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **10/12/2021 22:40**Place of Accident : **Toh Tuck Rise, 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**SH 7982C**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 7982C - CC3/TMI12020360/H1y1n ; 17/10/2012	STAGE	DATE / PIC
	CC4/AIG21011620/T1ea3 ; 12/11/2021	Non-Reporting ltr (1st):	
	CS/INC09016882/Ch ; 27/07/2009	Non-Reporting ltr (2nd):	
	NS/INC16011976/H1qh3n2 ; 25/06/2016	Non-Reporting ltr (Final):	
	NS/INC19007558/K1qd3n2 ; 26/04/2019	Notification ltr (if non-pickup):	
	SLR 1760X - X	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: MTH
Repair Cost: L/S	S\$ 3,300.00	(3 days) Reduction: 37 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28.03.22	Confirm with JIM	Email ☐ Call ☐
Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : 17	If NO or B 28, Ass. Lia :
Repair Cost: WGS : \$3,531.00	S\$ 1,765.50	BOTH PARTY TURNING AT BEND	
Loss of Rental (LOI): \$221.34	S\$ 110.67	(2 days) x \$110.67	
Loss of Use (LOU): -	S\$ -	(\$ x days)	
Loss of Income (LOI): \$100	S\$ 50.00	(\$ 50 x 2 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search \$2.00	S\$ 2.00		
Medical: -	S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement: -	S\$ -	(e.g. Tow/ Independent) 2) Report Format: TP	
Legal Cost -	S\$ -	3) Survey fee: \$320	
Total:	\$3,854.34	S\$ 1,928.17	Global Sum S\$: 1,920.00
FINAL PAYMENT	Date/Time: 28.03.22	Confirm with: JIM	Email ☐ Call ☐
Payee 1:	S\$ 1,920.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	