

ASSIGNMENT

Surveyor: TAUFIKH DOI: 13/12/2021 Date / Time : 13/12/2021
 Registered in Merimen: 13/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 660R Claim No. : 3500114688SG
 Name of Insured : _____ Policy No. : 2100501986-04
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 11.12.2021 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**

SH 9271H → → → →



INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 9271H - CC3/AIG10021740/Fjk2r1 ; 27/10/2010	Non-Reporting ltr (1st):	
	CC3/CAI13023916/Yam3q2; 17/12/2013	Non-Reporting ltr (2nd):	
	CC3/LCR18008120/K1jb3q2; 30/04/2018	Non-Reporting ltr (Final):	
	NBA/INC19004351/Y; 10/03/2019	Notification ltr (if non-pickup):	
	NS/INC13002947/H1zk3 ; 08/02/2013	Call OI:	
	NS/INC14011913/H1tbc3; 24/06/2014	After call ltr to OI:	
	SKN 660R - X	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by: MTH	
Repair Cost: L/S S\$ 1,600.00 (3 days) Reduction: 71 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 13.09.22 Confirm with AILEEN		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,712.00		OID EXIT FROM PARKING LOT HIT TP	
Loss of Rental (LOR): S\$ 438.90 (3.5 days) x \$125.40			
Loss of Use (LOU): S\$ - (\$ - x - days)			
Loss of Income (LOI): S\$ 175.00 (\$ 50 x 3.5 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 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: S\$ 2,327.90 Global Sum S\$:			
FINAL PAYMENT Date/Time: 13.09.22 Confirm with: AILEEN		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,327.90 Name 1: COMFORTDELGRO ENGINEERING PTE LTD			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			