

ASSIGNMENT

Surveyor:

Thevan

DOI:

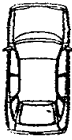
16/12/2021

Date / Time :

17/12/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBE 7362J**
 Name of Insured : **TRINUTTY LIMITED LIABILITY PARTNERSHIP**

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **15/12/2021**

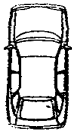
Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age :OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

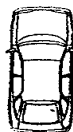
Driver Tel No. :

(V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No**

SHA 9173A



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 9173A : CC3/AIG08014535/KDn ; DOA : 11/05/2008	STAGE DATE / PIC
	GBE 7362J : X	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) ☐ ☐
		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:
Repair Cost: P/P	S\$ 5,570.68 (3 days) Reduction: 10 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/01/2023 Confirm with Catherine	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 5,960.63	
Loss of Rental (LOR):	S\$ 563.36 (4.5 days) X \$125.19	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 225.00 (\$ 4.5 x 50 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [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: \$400.00
Total:	S\$6,750.99	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 6,750.99	Name 1: ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: