

ASSIGNMENT

Surveyor:

Taufikh

DOI:

03/01/2022

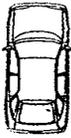
Date / Time :

04/01/2022

Registered in Merimen:

04/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 2683X
 Name of Insured : ANG MING HWEE KENNETH
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 30/12/2021
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : SNM21D207697
 Policy No. : _____
 Make / Model : _____
 Place of Accident : AYE

If NO, Driver Name / Age :

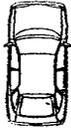
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

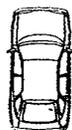
SHC 8968U



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



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SHC 8968U : NS/INC17015813/K1vbe2 ; DOA : 13/08/2017	SMV 2683X : X	STAGE	DATE / PIC
			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"/> <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"/>
	CLAIMANT - COMFORT TRANSPORTATION PTE LTD		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
	TPV: HYUNDAI I40 - 1685cc		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<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:	
Repair Cost: LS	S\$ 1100.00	(2 days) Reduction: 1550.18 % 58	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time:	Confirm with CATHERINE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,177.00	W/GST		
Loss of Rental (LOR):	S\$ 229.90	(2 days) x \$114.95		
Loss of Use (LOU):	S\$	(\$ x days)		
Loss of Income (LOI):	S\$ 100.00	(\$ 50 x 2 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\$ 2.00			
Medical:	S\$		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 1,508.90	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		