

ASSIGNMENTSurveyor: **THEVAN**DOI: **21/01/2022**Date / Time : **21/01/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBA 6301M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **20.01.2022**

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

SHD 3065CINSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 3065C - NA/LIP19012298/z4 ; 08/07/2019	Non-Reporting ltr (1st):	
	NJA/FCI08027686/k1; 11/10/2008	Non-Reporting ltr (2nd):	
	NS/INC12015250/H1y1n; 03/08/2012	Non-Reporting ltr (Final):	
	GBA 6301M - X	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: _____ Confirm by: _____		
Repair Cost: L/sum	S\$ 5,000.00 (4 days) Reduction: 44 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 16/03/2022 Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9c	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 5,350.00		
Loss of Rental (LOR):	S\$ 553.35 (5 days) x \$110.67		
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 250.00 (\$ 50 x 5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ 7.49		
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\$ 6,160.84 Global Sum S\$: 6,150.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 6,150.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		