

ASSIGNMENT

Surveyor:

Thevan

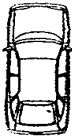
DOI:

19/01/2022

Date / Time :

25/01/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SJJ 4794U**Claim No. : **SNM22D200647/C02/SJJ4794U/LEWLC**Name of Insured : **OOI BOON LENG**Policy No. : **DMPCSNW00083462100**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **18/01/2022**

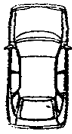
Place of Accident : _____

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 6886E**INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 6886E : CC3/EQI17004156/H1hg3q2 ; DOA : 24/02/2017	STAGE
	SJJ 4794U : CC6/AIG13003910/Kk1a3w2 ; DOA : 22/02/2013	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) ☐ ☐
		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\$ 1,188.60 (2 days) Reduction: 53 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/03/2022	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\$ 1,271.80	
Loss of Rental (LOR):	S\$ 312.98 (2.5 days) x \$125.19)	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 125.00 (\$ 50 x 2.5 days)	
LOR only ☐ LOU only ☐ 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\$ 1,711.78	Global Sum S\$: 1,700.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 1,700.00	Name 1: ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: