

ASSIGNMENT

Surveyor:

Taufikh

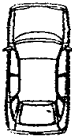
DOI:

21/02/2022

Date / Time :

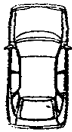
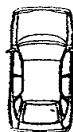
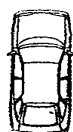
23/02/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SMG 2822R**Claim No. : **SNM22D201380**Name of Insured : **MELLISA LESTARI PANGESTU NG**Policy No. : **DMPCSNA00254762102**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **20/02/2022**Place of Accident : **CARPARK OF BLK 126 RIVERVALE STREET**Is driver the owner? (YES / **NO**) Nature of Accident : _____If **NO**, Driver Name / Age : **LAU YONG KAI, NAVIN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : _____ % **Final ? Yes / No****SHC 7133T**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 7133T : CS3/FCI20003404/Hvf3e2 ; DOA : 25/02/2020	STAGE
	SMG 2822R : CS/MSG21013275/Utf3e2 ; DOA : 27/12/2021	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 ☐ ☐
	CLAIMANT - CITYCAB PTE LTD	LTA / GIA : ☐ ☐
	TPV: HYUNDAI I40 - 1685cc	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: LS	S\$ \$2,100.00 (2 days) Reduction: \$1,100.32 % 34	Confirm by:
FINAL SETTLEMENT	Date/Time: 14/07/2022 Confirm with CATHERINE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,247.00 W/GST	
Loss of Rental (LOR):	S\$ 442.68 (4 days) x \$110.67	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 200.00 (\$ 50 x 4 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\$ 2,891.68	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 2,891.68	Email ☒ Call ☐
Payee 2: (Strike if N.A.)	S\$	Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 3: (Strike if N.A.)	S\$	Name 2:
		Name 3: