

ASSIGNMENT

Surveyor: TAUFIKH

DOI: 21/09/2020

Date / Time : 21/09/2020

Registered in Merimen: 21/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKQ 1317K

Claim No. : 0770431433SG

Name of Insured : _____

Policy No. : 2100391249

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 20/09/2020 13:30

Place of Accident : BEACH ROAD >> JAVA ROAD

Is driver the owner? (YES / NO) Nature of Accident : _____

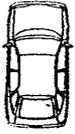
If NO, Driver Name / Age : _____

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

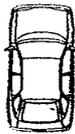
Driver Tel No. : _____ (V/L: YES / NO)

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

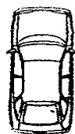
SHD 3072G



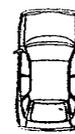
INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 3072G - CC4/III17018665/R1pb3q2 ; 23/08/2017	Non-Reporting ltr (1st):	
NA/INC16005767/r3 ; 01/03/2016	Non-Reporting ltr (2nd):	
SKQ 1317K - CC4/AIG17008455/K1ya3q2 ; 27/04/2017	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/S S\$ 2,250.00 (3 days) Reduction:\$1,435.36 % 39	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: <u>24/02/2022</u> Confirm with <u>KAZALI</u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 2407.50 S\$ 1,203.75 W/GST		
Loss of Rental (LOR):344.85 S\$ 172.43 (3 days) x 114.95	CONFLICTING VERSION	
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input 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: <u>TP</u>	
Legal Cost S\$	3) Survey fee: \$30	
Total: S\$ 1,378.18 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 1,378.18 Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		