

ASSIGNMENT

Surveyor:

TAUFIKH

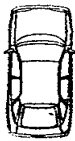
DOI:

28/03/2022

Date / Time :

28/03/2022

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **SJN 6731S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **25/03/2022**

Place of Accident : _____

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

If **NO**, Driver Name / Age :

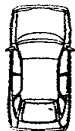
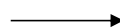
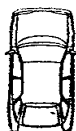
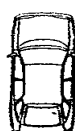
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No**SLZ 6185G****SJN 6731S****SHA 4494G**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:**OI**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:**TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		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)	☐ ☐
		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\$ 1,150.00	(2 days) Reduction: 73 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/04/2023	Confirm with Catherine	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: with GST	S\$ 1,230.50		
Loss of Rental (LOR):	S\$ 553.35 (5 days) @\$110.67		
Loss of Use (LOU):	S\$ (\$ 50 x 5 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\$ 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
Total:	S\$ 2,035.85	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 2,035.85	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	