

ASSIGNMENTSurveyor: **THEVAN**DOI: **11/04/2022**Date / Time : **11/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMR 6239R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **10.04.2022**Place of Accident : **422B Northshore Dr, Singapore 822422**

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****SHA 1388A**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 1388A - CC3/AIG16001383/M1wb3q2 ; 18/01/2016	STAGE	DATE / PIC
	CC3/AXA10025549/Dn1dz1 ; 15/12/2010	Non-Reporting ltr (1st):	
	CC4/FCI20000129/Upa3q2 ; 02/10/2019	Non-Reporting ltr (2nd):	
	CF/AIG07000592/gw ; 14/08/2007	Non-Reporting ltr (Final):	
	CS/TP16020224/M1vbs2 ; 03/08/2016	Notification ltr (if non-pickup):	
	NS/INC12015358/H1qn ; 06/08/2012	Call OI:	
	SMR 6239R - X	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\$ 3,650.00 (3 days) Reduction: 47 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 12/07/2023 Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 90 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 3,514.95 (\$3,905.50)		
Loss of Rental (LOR):	S\$ 450.68 (4 days) @\$125.19 (\$500.76)		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x 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\$ 3,967.63 Global Sum S\$: 3,950.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,950.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		