

ASSIGNMENTSurveyor: **THEVAN**DOI: **12/04/2022**Date / Time : **12/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBC 9359S**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/04/2022 06:40**

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****SHA 2879T**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
	SHA 2879T - CC3/CTI22002142/Tpa3q2; 02/03/2022	Non-Reporting ltr (1st):	
	CC4/AIG21005059/T1pa3q2 ; 21/04/2021	Non-Reporting ltr (2nd):	
	NS/INC10023024/Dr1; 11/11/2010	Non-Reporting ltr (Final):	
	GBC 9359S - X	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: P/P	S\$ 1,263.60 (2 days) Reduction: 51 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 20/06/2022 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\$ 1,352.05		
Loss of Rental (LOR):	S\$ 375.57 (3 days) x\$125.19		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 150.00 (\$ 50 x 3 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: \$400.00	
Total:	S\$ 1,879.62 Global Sum S\$: 1,800.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 1,800.00 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		