

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 18/04/2022Date / Time : 18/04/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SMQ 3289X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 12/04/2022 18:30

Place of Accident : _____

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

If NO, Driver Name / Age : _____

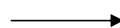
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

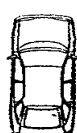
(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SML 5238GSMQ 3289XSHC 2995EINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

OI

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

Date/ Time		STAGE	DATE / PIC
	<u>SHC 2995E - CC3/AIG11021776/H1a2a3y ; 20/10/2011</u>	Non-Reporting ltr (1st):	
	<u>CC4/III16015845/Gwb3q2 ; 22/08/2016</u>	Non-Reporting ltr (2nd):	
	<u>SMQ 2995E - X</u>	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: <u>L/SUM</u>	\$S\$ <u>600.00</u> (<u>2</u> days) Reduction: <u>71</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>30/10/2022</u> Confirm with <u>Aileen</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost: <u>w/GST</u>	\$S\$ <u>642.00</u>		
Loss of Rental (LOR):	\$S\$ <u>312.98</u> (<u>2.5</u> days) <u>X</u> \$125.19		
Loss of Use (LOU):	\$S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$S\$ <u>125.00</u> (\$ <u>50</u> x <u>2.5</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S\$ <u>2.00</u>		
Medical:	\$S\$ _____	1) Claim status: Normal/ Reject Private Settle	
Disbursement:	\$S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$ _____	3) Survey fee: <u>\$400.00</u>	
Total:	\$S\$ <u>1,081.98</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S\$ <u>1,081.98</u> 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: _____		