

**ASSIGNMENT**Surveyor: **TAUFIKH**DOI: **28/04/2022**Date / Time : **28/04/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SGU 2641T**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$**D.O.A : **27/04/2022 08:40**Place of Accident : **BRAS BASAH ROAD**

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

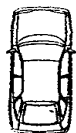
**Nicoll Hwy, Singapore**If **NO**, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****SHC 7672D**

INSRS:

WSP: **CDGE LOYANG**

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			
	<b>SHC 7672D - CC3/AIG18007890/K1ub3q2; 25/04/2018</b>	<b>STAGE</b>	<b>DATE / PIC</b>
	<b>CC4/ASM18016836/K1ja3q2; 10/09/2018</b>	Non-Reporting ltr (1st):	
	<b>CS/FCI17003890/Avbn2; 21/02/2017</b>	Non-Reporting ltr (2nd):	
	<b>SGU 2641T - X</b>	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____	Sent By: _____	Post-Repair Photos: <input type="checkbox"/>
			Others: <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <b>Part by Part</b>	S\$ <b>1,243.60</b> ( <b>2</b> days) Reduction: <b>37</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>03/02/2023</b> Confirm with <b>Catherine</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>with GST</b>	S\$ <b>1,330.65</b>		
Loss of Rental (LOR):	S\$ <b>438.17</b> ( <b>3.5</b> days) <b>@\$125.19</b>		
Loss of Use (LOU):	S\$ (\$ <b>50</b> x <b>3.5</b> days)		
Loss of Income (LOI):	S\$ <b>175.00</b> (\$ <b>50</b> x <b>3.5</b> days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ <b>2.00</b>		
Medical:	S\$	1) Claim status: Normal/ <del>Reject Private Sec'd</del>	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$400</b>	
<b>Total:</b>	<b>S\$ 1,945.82</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____	Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>1,945.82</b>	Name 1:	<b>COMFORTDELGRO ENGINEERING PTE LTD</b>
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	