

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **12/05/2022**Date / Time : **12/05/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SKK 7987T**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **12/05/2022 03:50**Place of Accident : **Clementi Ave 2, Singapore**

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____

%

Final ? Yes / No**SH 7448D**

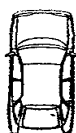
INSRS:

WSP: **CDGE LOYANG**

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time

SH 7448D	CC3/AIG14011778/H1kb3q2 05/08/2014	SH 7448D SCH 181H 21/06/2014 15/08/2014	STAGE	DATE / PIC
	CC3/AXA13011328/Yem3c3 24/10/2013	SH 7448D SKJ 1525M 13/09/2013 29/10/2013	Non-Reporting ltr (1st):	
	CS/EG120013527/Dvf3n2 30/06/2021	SH 7448D GBK 6758B 05/12/2020 30/06/2021	Non-Reporting ltr (2nd):	
	CS/FCI14014019/Ribu2 14/10/2014	SCH 181H SH 7448D 21/06/2014 15/10/2014	Non-Reporting ltr (Final):	
	CS/FCI17000197/Uth3s2 19/01/2017	SJB 2551J SH 7448D 03/01/2017 19/01/2017	Notification ltr (if non-pickup):	
	CS/FCI18010616/Dtd3e2 06/08/2018	SHD 4880J SH 7448D 07/06/2018 08/08/2018	Call OI:	
	CS/MSG17004526/H1vbn2 07/04/2017	SH 7448D FBK 399T 04/03/2017 07/04/2017	Call OI:	
	CS3/ASM21010495/R1uy3e2 19/10/2021	GBK 8035R SH 7448D 09/10/2021 20/10/2021	Call OI:	
	NBA/AIG14011744/e1 23/06/2014	JONG BRONTE BANGTING SCH 181H SH 7448D 21/06/2014 17/06/2014		

SKK 7987T - X**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:	☐	☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: _____

Sent By: _____

FINALIZATION

Date/Time: _____

Confirm with: _____

Confirm by: _____

Repair Cost: **P/P** S\$ **1,681.12** (**2** days) Reduction: **44** %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: **07/12/2022** 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\$ **1,798.80**Loss of Rental (LOR): S\$ **312.98** (**2.5** days) X \$125.19

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ **125.00** (\$ **50** x **2.5** days)LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]GIA/LTA Search S\$ **2.00**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Prints/Settle

2) Report Format: **TP**3) Survey fee: **\$400.00****Total:** S\$ **2,238.78****Global Sum S\$:****FINAL PAYMENT**

Date/Time: _____

Confirm with: _____

Email ☒ Call ☐Payee 1: S\$ **2,238.78**Name 1: **ComfortDelGro Engineering Pte Ltd**

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: