

ASSIGNMENTSurveyor: **XING GUO QIANG**DOI: **13.05.2022**Date / Time : **13.05.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SMJ 8714P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **11.05.2022 18:30**

Place of Accident : _____

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**SHD 4953H**

INSRS:

WSP: **CDGE LOYANG**

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHD 4953H	CC3/TMI14019127/H1gbd1 16/10/2014 SHD 4953H SGY 2063R 02/10/2014 17/10/2014 CKL	Non-Reporting ltr (1st):	
	CC4/III17012192/Khb3q2 08/03/2018 SKK 2397D SHD 4953H 04/06/2017 12/03/2018 LSP	Non-Reporting ltr (2nd):	
	CC4/III19013505/Apa3q2 23/06/2020 SML 7308A SHD 4953H 27/07/2019 24/06/2020 HNC	Non-Reporting ltr (Final):	
	CS3/III19020783/Fcd3e2 26/12/2019 FBN 4060C SHD 4953H 16/11/2019 26/12/2019 NWT	Notification ltr (if non-pickup):	
	CS3/III19020783/Ftd3e2-1 24/02/2020 FBN 4060C SHD 4953H 16/11/2019 25/02/2020 ST4	Call Of:	
	NA/CTI22004457/r3 12/05/2022 LIAW YEAN CHING SMJ 8714P SHD 4953H 11/05/2022 18/05/2022 RBW		
SMJ 8714P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	
	NA/CTI22004457/r3 12/05/2022 LIAW YEAN CHING SMJ 8714P SHD 4953H 11/05/2022 18/05/2022 RBW		
		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: Part by Part	S\$ 1,491.12 (2 days) Reduction: 42 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 03/03/2023 Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 1,595.50		
Loss of Rental (LOR):	S\$ 625.95 (5 days) @ \$125.19		
Loss of Use (LOU):	S\$ 250.00 (\$ 50 x 5 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/Print/ Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400	
Total:	S\$ 2,473.45 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 2,473.45 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		