

ASSIGNMENT

CC4/AIG20010653/Epa3q2

Surveyor:

STEVE

DOI:

03/10/2020

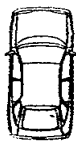
Date / Time :

05.10.2020

Registered in Merimen:

05.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 1231L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03.10.2020 09:00

Place of Accident : TAMPINES AVE 7 TWDS TAMPINES AVE 4

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. :

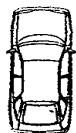
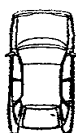
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHA 9439J

INSRS:
WSP: CDGE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SHA 9439J - X	SKX 1231L - X	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			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: L/sum S\$ 3,250.00 (4 days) Reduction: 36 %			Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 25/06/2022 Confirm with Kazali			Email ☒	Call ☐
Final Liability: % 40 (Agreed / Assessed) BOLA S/N No. : NIL			If NO or B 28, Ass. Lia :	
Repair Cost: 3,477.50 S\$1,391.00 w/GST				
Loss of Rental (LOR) 627.00 S\$ 250.80 (5 days) x S\$125.40				
Loss of Use (LOU): S\$ (\$ x days)				
Loss of Income (LOI) 250.00 S\$ 100.00 (\$ 50 x 5 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/Prints Settle	
Disbursement: S\$ (e.g. Tow/ Independent)			2) Report Format: TP	
Legal Cost S\$			3) Survey fee: \$320 - \$290 = \$30.00	
Total: S\$ 1,743.80	Global Sum S\$: 1,700.00			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1: S\$ 1,700.00	Name 1:	ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			