

**ASSIGNMENT**

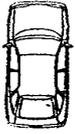
Surveyor: **TAUFIKH** DOI: **27/07/2022** Date / Time : **27/07/2022**  
Registered in Merimen: **26/07/2022 by wksp**

**Pre-assign / CCU / FTE**

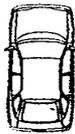


Insured Vehicle No. : **SGC 2200C** Claim No. : **MPC2022D0003974**  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : \$** \_\_\_\_\_ D.O.A : **26/07/2022 08:30** Place of Accident : **Punggol West Flyover, Singapore**  
Is driver the owner? ( YES / NO ) Nature of Accident : **TOWARDS SLE/TPE**  
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**

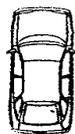
**SHC 3416D**



INSRS: **CDGE**  
WSP: **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	Stage Created By	DATE / PIC
	SHC 3416D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close CC3/AIG08019967/vDn 19/08/2008 SHC 3416D SDX 6398P 08/07/2008 20/08/2008 HYN NA/INC11019965/wj1 30/09/2011 TOO MEI GEK SJW 7413G SHC 3416D 29/09/2011 20/10/2011 BSC NS/INC11020088/H1qm 15/11/2011 SHC 3416D SJW 7413G 29/09/2011 28/11/2011 SCS NS/INC17015435/K1rbn2 22/08/2017 SHC 3416D SKJ 9616G 09/08/2017 23/08/2017 SCS	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (non-pickup): Call Of:	
	SGC 2200C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close NA/INC12012810/z 30/06/2012 KHOO KIAN JOO, MASON GQ 7095H SGC 2200C 30/06/2012 09/07/2012 NAB	After call ltr to OI: <b>Documentation Check List:</b>	
		<b>Handler</b>	<b>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"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>L/SUM</b>	S\$ <b>1,300.00</b> ( <b>2</b> days) Reduction: <b>54</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>12/01/2023</b> Confirm with <b>Kazali</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:	S\$ <b>1,391.00</b>		
Loss of Rental (LOR):	S\$ <b>312.98</b> ( <b>2.5</b> days) <b>X \$125.19</b>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <b>100.00</b> (\$ <b>40</b> x <b>2.5</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/Reject/Private Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost	S\$ _____	3) Survey fee: <b>\$350.00</b>	
<b>Total:</b>	S\$ <b>1,805.98</b> <b>Global Sum S\$: 1,800.00</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>1,800.00</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: _____		