

ASSIGNMENTSurveyor: **THEVAN**DOI: **25/07/2022**Date / Time : **25/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **GBH 1615D**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **24.07.2022**

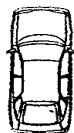
Place of Accident : _____

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 7007K**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
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
SHA 7007K -	CC3/FCI13608333/Ky1n 09/05/2013 SHD 5693B SHA 7007K 14/04/2013 09/05/2013 YCC	
	CS/QW14004871/H1vm3d1 18/03/2014 SHA 7007K 26/02/2014 21/03/2014 BPL	
GBH 1615D - X	CS3/ASM21011305/T1ty3e2 15/11/2021 FBK 2734X SHA 7007K 13/10/2021 19/11/2021 NMY	
	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: P/P S\$ 2,984.08 (2 days) Reduction: 46 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 16/01/2023 Confirm with Catherine		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 3,192.97		
Loss of Rental (LOR): S\$ 250.38 (2 days) X \$125.19		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ 100.00 (\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$400.00
Total: S\$ 3,545.35 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 3,545.35	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	