

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/08/2022 Date / Time : 23/08/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SNC 1429J Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 23.08.2022 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**

SHC 1389L



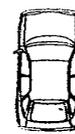
INSRS: _____
 WSP: **CDGE LOYANG**
 Tel : _____
 Liability : _____
 RMKS: _____



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 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



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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
	CC3/AIG07001250/Vts 12/11/2007 SHC 1389L SBU 8383H 20/09/2007 14/11/2007 SC	Non-Reporting ltr (1st):	
	CC3/AIG09010543/Ywu1 06/08/2009 SHC 1389L SGA 2240Y 15/05/2009 07/08/2009 CP	Non-Reporting ltr (2nd):	
	CC3/AIG11005551/H1ja3k2 15/08/2011 SHC 1389L SGK 8021X 24/03/2011 17/08/2011	Non-Reporting ltr (Final):	
	CS/RSI10022437/Fvk1 08/12/2010 SHC 1389L SDX 3751Y 06/11/2010 17/12/2010 CM	Notification ltr (if non-pickup):	
	CS/TMI16022128/H1vbn2 29/11/2016 SHC 1389L SKR 729G 19/11/2016 30/11/2016 CK		
SNC 1429J - X		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/Sum S\$ 1,100.00 (2 days) Reduction: 66 % Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: 06/04/2023 Confirm with Catherine Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :			
Repair Cost: with GST S\$ 1,177.00			
Loss of Rental (LOR): S\$ 375.57 (3 days) @\$125.19			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 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\$ 7.45			
Medical: S\$ _____			
Disbursement: S\$ _____ (e.g. Tow/ Independent)			
Legal Cost S\$ _____			
Total: S\$ 1,710.02 Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: S\$ 1,710.02 Name 1: COMFORTDELGRO ENGINEERING PTE LTD			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			