

INS. CASE OWNER:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 24/08/2022 Date / Time : 24/08/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 6613L Claim No. : SNM22D205971/C02/SMX6613L/LEEPG
Name of Insured : _____ Policy No. : DMHCSNW00014012200
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 24.08.2022 07:35 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**

SHB 6646S



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	Customer Name	Vehicle No.	TP Vehicle No.	Assessment Date	Close Date	Created By		
	SHB 6646S -	IG13006084/M1g2t2w2	16/04/2013	SHB 6646S	SJD 4761X	27/08/2013	17/04/2013	SBS	
	CC3/A	118009744/K1hb3q2	10/10/2018	SHB 6646S	SLD 338M	28/05/2018	10/10/2018	LSP	
	CS/FC	17014258/Ur6k2	04/08/2017	SLP 5947J	SHB 6646S	21/07/2017	07/08/2017	CKL	
	CS/FC	18010887/R1sd3s2	03/07/2018	PA 9495B	SHB 6646S	04/06/2018	07/07/2018	NVT	
	CS/FC	18011994/Kqd3n2	10/12/2018	SLQ 4036P	SHB 6646S	27/06/2018	10/12/2018	NVT	
	SMX 6613L - X								
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____					After call ltr to OI:				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____					Documentation Check List:				
Repair Cost: L/SUM	S\$	1,450.00	(2 days) Reduction: 54 %			Email	<input type="checkbox"/>	Call	<input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 10/12/2022 Confirm with: Catherine					Email <input checked="" type="checkbox"/>			Call	<input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :					
Repair Cost: w/GST	S\$	1,551.50							
Loss of Rental (LOR):	S\$	312.98	(2.5 days) X \$125.19						
Loss of Use (LOU):	S\$		(\$ _____ x _____ days)						
Loss of Income (LOI):	S\$	125.00	(\$ 50 x 2.5 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\$	2.00							
Medical:	S\$		1) Claim status: Normal/Reject/Dispute/Settle _____						
Disbursement:	S\$		(e.g. Tow/ Independent)	2) Report Format: TP					
Legal Cost	S\$		3) Survey fee: \$400.00						
Total:	S\$	1,991.48	Global Sum S\$:						
FINAL PAYMENT Date/Time: _____ Confirm with: _____					Email <input type="checkbox"/>			Call	<input type="checkbox"/>
Payee 1:	S\$	1,991.48	Name 1:	ComfortDelGro Engineering Pte Ltd					
Payee 2: (Strike if N.A.)	S\$		Name 2:						
Payee 3: (Strike if N.A.)	S\$		Name 3:						