

ASSIGNMENTSurveyor: **TAUFIKH**DOI: **14/09/2022**Date / Time : **14/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SND 929J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **09/09/2022 19:45**

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

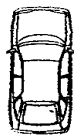
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No**SHC 2513M**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 Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date	Created By	DATE / PIC
SHC 2513M	CG6/III18006503/Uwb3n2 03/08/2018 SLU 2789S SHC 2513M 07/04/2018 07/08/2018 LSP	Non-Reporting ltr (1st):	
CS/ASM21003350/Avf3e2 07/04/2021 EZ 118Z SHC 2513M 09/03/2021 08/04/2021 LSP	Non-Reporting ltr (2nd):		
NBA/CTI22008939/Y 12/09/2022 TOH KOK SOON (ZHUO GUOSHUN) SND 929J SHC 2513M 09/03/2022 RBA	Non-Reporting ltr (Final):		
SND 929J	NBA/CTI22008939/Y 12/09/2022 TOH KOK SOON (ZHUO GUOSHUN) SND 929J SHC 2513M 09/03/2022 RBA	Non-Reporting ltr (2nd 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: Part by Part	S\$ 3,110.96 (3 days) Reduction: 35 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 23/05/2023 Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 6	If NO or B 28, Ass. Lia :	
Repair Cost: with GST	S\$ 1,664.36 (\$3,328.72)		
Loss of Rental (LOR):	S\$ 189.70 (3 days) @\$126.47 (\$379.41)		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ 75.00 (\$ 50 x 3 days) (\$150.00)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [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	
Total:	S\$ 1,931.06	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 1,931.06 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		