

ASSIGNMENT

Surveyor: TAUFIKH DOI: 28/09/2022 Date / Time : 28/09/2022
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GX 4212U Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 27.09.2022 22:00 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**

SHD 7111B



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	Created By	DATE / PIC	
SHD 7111B - Reference	CC3/CTI20011835/Eea3q2	27/11/2020	SHD 7111B YN 8391Z	28/10/2020	03/12/2020	TPMK			
GX 4212U - X									
							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)	<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\$ 2,300.00 (2 days) Reduction: 30 % Email <input type="checkbox"/> Call <input type="checkbox"/>									
FINAL SETTLEMENT Date/Time: 22/12/2022 Confirm with Catherine Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>									
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :									
Repair Cost: w/GST S\$ 2,461.00									
Loss of Rental (LOR): S\$ 276.68 (2.5 days) X \$110.67									
Loss of Use (LOU): S\$ (\$ x days)									
Loss of Income (LOI): S\$ (\$ x days)									
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]									
GIA/LTA Search S\$ 2.00									
Medical: S\$									
Disbursement: S\$ (e.g. Tow/ Independent)							1) Claim status: Normal/Reject/Private Settle		
Legal Cost S\$							2) Report Format: TP		
Total: S\$ 2,739.68 Global Sum S\$:							3) Survey fee: \$400.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>									
Payee 1: S\$ 2,739.68 Name 1: ComfortDelGro Engineering Pte Ltd									
Payee 2: (Strike if N.A.) S\$ Name 2:									
Payee 3: (Strike if N.A.) S\$ Name 3:									