

ASSIGNMENT

Surveyor:

TAUFIKHDOI: **29/09/2022**Date / Time : **29/09/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SLJ 5965M**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :S\$D.O.A : **28/09/2022 19:35**Place of Accident : **Stevens Rd, Singapore**

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. : _____

(V/L: YES / NO)

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

Insured Liability : _____ %

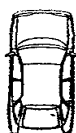
Final ? Yes / No**SHC 3837Y**

INSRS:

WSP: **CDGE**Tel : **LOYANG**

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time	SHC 3837Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
	CC3/LCR17009427/H1za3s2 14/07/2017 SHC 3837Y SLK 5286J 10/05/2017 14/07/2017 HMK	
SLJ 5965M - 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) ☐ ☐
		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: ☐ ☐
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 2,720.93 (3 days) Reduction: 78 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/04/2023 Confirm with CATHERINE		Email ☒ Call ☐
Final Liability: 100 % (Agreed / Assessed) BOLA S/N No. : 27			If NO or B 28, Ass. Lia :
Repair Cost: 7% GST S\$ 2,911.40			
Loss of Rental (LOR): S\$ 632.35 (5 days) X \$126.47			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 250.00 (\$ 50 x 5 days)			
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: \$400.00
Total: S\$ 3,795.75		Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 3,795.75	Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		