

ASSIGNMENTSurveyor: TaufikhDOI: 09/11/2022Date / Time : 09.11.2022Registered in Merimen: 08.11.2022 by wksp**Pre-assign / CCU / FTE**Insured Vehicle No. : PC 8841G

Claim No. : _____

Name of Insured : COMFORTDELGRO BUS PTE LTDPolicy No. : D20MFL0003256_01

Insured Tel No. : _____ HP: _____

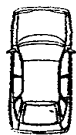
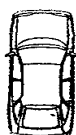
Make / Model : Mitsubishi Fuso rosaExcess Sec II : \$ _____ D.O.A : 08/11/2022 10:50Place of Accident : Kampong Bahru Rd, Singapore

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

TOWARDS OUTRAMIf NO, Driver Name / Age : ONG ENG TECK

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**SHC 1889KINSRS:
WSP: CDGE
Tel : LOYANG
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 1889K -	CS3/FCI16018572/M1vbs2 11/10/2016 SJH 9279T SHC 1889K 29/09/2016 12/10/2016 SKL	Non-Reporting ltr (1st):	
	NA/MSI09016390/w1 22/07/2009 NG YONG HWA GY 1754L SHC 1889K 22/07/2009 28/07/2009 LCA	Non-Reporting ltr (2nd):	
PC 8841G - X		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:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐
		Others:	☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <u>L/Sum</u>	S\$ <u>950.00</u> (<u>2</u> days) Reduction: <u>57</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>05/04/2023</u> Confirm with <u>Wendy</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>1,016.50</u>		
Loss of Rental (LOR):	S\$ <u>295.32</u> (<u>3</u> days) @ <u>\$98.44</u>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>120.00</u> (\$ <u>40</u> x <u>3</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>		
Medical:	S\$ _____	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$350</u>	
Total:	S\$ <u>1,439.27</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒	Call ☐
Payee 1:	S\$ <u>1,439.27</u>	Name 1:	<u>COMFORTDELGRO ENGINEERING PTE LTD</u>
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	