

ASSIGNMENTSurveyor: NAZDOI: 29/12/2022Date / Time : 29/12/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SJQ 1762U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : 28/12/2022 18:10

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**SHA 2208EINSRS:
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
SHA 2208E	CC3/AIG13006870/H1sa3q2 16/10/2013 SHA 2208E SGZ 4543D 11/04/2013 18/10/2013 YSL	Non-Reporting ltr (1st):	
	CC3/AXA13011236/H1ey3c3 19/08/2013 SHA 2208E SGK 7431C 19/06/2013 20/08/2013 KYS	Non-Reporting ltr (2nd):	
	CS/FCI14021589/Uybu2 27/11/2014 SGE 7667X SHA 2208E 14/11/2014 28/11/2014 CK	Non-Reporting ltr (Final):	
	CS/FCI15007929/Rvbd1 25/06/2015 SKG 279X SHA 2208E 05/05/2015 26/06/2015 CK	Notification ltr (if non-pickup):	
	CS/TMI15022152/M1vbd1 02/02/2016 SHA 2208E SGL 9923G 24/12/2015 04/02/2016 KJ	Call OI:	
	NA/INC15007597/Cd2 06/05/2015 LIM KOK ENG GBA 1636E SHA 2208E 05/05/2015 13/05/2015 NLS		
SJQ 1762U	NA/EQI16009440/h4 23/05/2016 MOHAMED SALLEH BIN OMAR SJZ 3196T SJQ 1762U 20/05/2016 26/05/2016 SH		
		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: <u>L/Sum</u>	S\$ <u>5,900.00</u> (<u>4</u> days) Reduction: <u>41</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>21/03/2023</u> Confirm with <u>Catherine</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>26</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>6,372.00</u>		
Loss of Rental (LOR):	S\$ <u>376.20</u> (<u>3</u> days) @ <u>125.40</u>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ <u>2.00</u>		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format: <u>TP</u>	
		3) Survey fee: <u>\$400</u>	
Total:	S\$ <u>6,900.20</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>6,900.20</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:		