15/5/2010

INS. CASE OWNER: Shawn | CC 3 /AIG1801 1711 / K2jh39 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 21/6/18 Date / Time : 21/6/18

Registered in Merimen: 21/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJT 8447T	Claim No. :	564849900056
Name of Insured :	LEONG YUN HAO.	Policy No. :	1700075954
Insured Tel No. :	HP: 94774460	Make / Model :	NISSAN
Excess Sec II :S$	D.O.A : 21/6/18	Place of Accident :	CTE / SLE
Is driver the owner? (YES / NO) (YES circled)	Nature of Accident :		

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

Driver Tel No. : (V/L: YES / NO) (YES circled) Insured Liability : % **Final ? Yes / No**

SHB 4181D → ________ → ________ → ________

INSRS: WSP: CDGE Tel : Liability : 100 RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
25/6/18 Joy	SHB4181D – 21/6/1801800 7472/E24bn2/00n 17/4/18	
12-7-18	@1291PM SPOKEN TO OI. HE CONFIRMED HIT TAXI'S REAR. AGREED & AWARE NCD ISSUE.	

RECEIVED 16 JUL 2018

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	JOY 12-7-18

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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12-7-18 Confirm with CECILIA Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) (Agreed circled) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: GST	S$ 995.61	OI HIT TP'S REAR
Loss of Rental (LOR):	S$ 172.50 (1.5 days) 115	
Loss of Use (LOU):	S$ (x days)	COPY SENT 16/7/18
Loss of Income (LOI):	S$ 75 (S$ 50 x 1.5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.49	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee:
Total:	**S$** 1,250.60 **Global Sum S$:** 1,250	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,250.xx	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ ✗	Name 2:	✗
Payee 3: (Strike if N.A.)	S$	Name 3:	