

INS. CASE OWNER:

CC 4, PWD 180 18214, Kea3

IDC:
IDC:

Surveyor:

KSL

DOI:

ASSIGNMENT

9-10-18

Date / Time:

8.10.18

Registered in Merimen:

8.10.18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJF 5581 G

Claim No. :

hx

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 4-10-18

Place of Accident :

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

SLR 96760



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cable
Boulder

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

11/04/2020

PLS SEE VIEWS FOR DETAILS

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:

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\$ 4,992.48

(5

days)

Reduction: 23

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/04/2020

Confirm with:

Cecilia

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: w/GST

S\$ 5,341.95

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$ 600.00

(\$ 75

x 8

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

LOR + LOI

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GIA/LTA Search

S\$ 2.00

Medical:

S\$

1) Claim status: Normal/Reject/Private Settlement

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

S\$

3) Survey fee:

\$500.00

Total:

S\$ 5,943.95

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 5,943.95

Name 1:

ComfortDelGro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: