

INS. CASE OWNER:

CC 3 OT 1 180 / 8952, K1ha3n2

IKK

IDAC

Surveyor:

JMK

DOI:

ASSIGNMENT

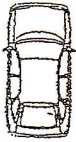
18/10/18

Date / Time:

17/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 2470H

Name of Insured:

C.T.H. Transport

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

16/10/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

CNM 180 0494002KPCZATW

Policy No.:

DMB15W208ZTA700

Make / Model:

Capita Green Building

Place of Accident:

If NO, Driver Name / Age:

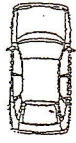
Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final? Yes / No

SHE 8006 X



INSRS:

WSP:

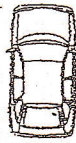
Tel:

Liability:

RMKS:

CONE

by as



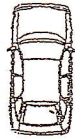
INSRS:

WSP:

Tel:

Liability:

RMKS:



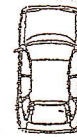
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/12  
VIC

PC 8006 X - C2/MH/17/13448/18/12/18; D.O.A. 14/1/18  
- C2/MH/17/13510/18/12/18; D.O.A. 6/1/18  
PC 2470H - X

- MINUSSED  
- ORIGINAL TP LOD IN  
- TO GET TP VIDEO FOOTAGE

11/12/18

- MET PROVIDER. CONFIRMING VERSIONS. OLD REPORTED HE WAS ABOUT TO WALK OFF WHEN HIT BY TP. TP REPORTED OLD WALKED OUT W/O PROPER LOOK OUT. SEND LETTER TO OI TO NOTIFY TP CLAIM.

- EMAIL TO TP FOR EVIDENCE.  
- TP VIDEO IN. V PRNG / VIC / PC 2470H.  
- FORWARDED COPY TO OI.

11/12/18

- W/ ME TOW. OLD BOUN  
- TYPE REPORT FOR DAMAGE APPROVAL.  
- REPORT DONE. SEND WARRANT TO OI.

21/01/19

PRELIMINARY ADVICE

Date/Time: 20/10/18

Sent By: C3

21/01/19

- C3 APPROVED WARRANT. SEND JOT OFFER.

FINALIZATION

Date/Time:

Confirm with:

Repair Cost: L49

S\$ 3,000.00 (3 days) Reduction: 28 %

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 22/01/19

Confirm with:

WILLIAM

Email ☒ Call ☐

Final Liability:

% 100

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost: CULGON

S\$ 3,210.00

COLD MOVING OFF

Loss of Rental (LOR):

S\$ 1,032.48 (6 days) X \$ 172.08

TP 94100001

Loss of Use (LOU):

S\$ 300.00 (\$ 50 x 6 days)

TP VIDEO IN)

Loss of Income (LOI):

S\$ - (\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search

S\$ 7.49

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$ 400.00

Total:

S\$ 4,549.97

Global Sum S\$:

4,540.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,540.00

Name 1:

COMFORTDELERO ENGINEERING PTB LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-