INS. CASE OWNER:	CC Ψ /LPC1900 1414, 14ggbg	LKK:
		IDAC:

Surveyor: NAZ   **ASSIGNMENT**   DOI: 28/1/19   Date / Time: 28/1/19

Registered in Merimen: ___

Pre-assign / CCU / FTE
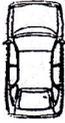
SFX 7090L

Insured Vehicle No.	: SFX 7090L	Claim No.	:	18/18/19/4p05/071369.
Name of Insured	: NG CHEOK HENG	Policy No.	:	218 VP 05020064
Insured Tel No.	:	Make / Model	:	TOYOTA
	HP:	Place of Accident	:	16 JOO SENG RD OPEN SPACE CARPARK.
Excess Sec II :S$	D.O.A : 28/1/19.			

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

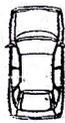If **NO**, Driver Name / Age :   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES)/ NO

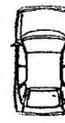Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

SHC 7201A →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: LDGE	WSP:	WSP:	WSP:
Tel : ing.	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
4/2/19 ry	SHC 7201A → NA/UPCR/111731/W0 DTA · 27/1/19. SFX7090L	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
01/07/19	- ORIGINAL TP LOD IN.	Call OI:	
	- SEEK MANDATE APPROVAL TO LPC	After call ltr to OI:	
02/07/19	- LPC APPROVED MANDATE.	**Documentation Check List:** Handler Typist	
	- SEND 1ST OFFER TO TP.	Notification ltr (if non-pickup)	
22/07/19	- ORIG. RV IN. - TP ACCEPTED OFFER.	After call ltr to OI	
	- ALL DOCS IN ORDER.	Authorisation To Act: ✓	
	- TO CLOSE.	Release Voucher: ✓	
		Final Repair Bill: ✓	
		Car Rental Invoice: ✓	
		Towing Invoice	
		LTA / GIA : ✓	
		Medical Bill:	
3-6-19	LOD IN. FOR MANDATE	PIR:	
		Mandate/Reject Instruction: ✓	
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: 29/07/19   Sent By: ✗3

	Post-Repair Photos:	
	Others:	

FINALIZATION Date/Time: ___   Confirm with: ___   Confirm by: ___

Repair Cost: P/P   S$ 2,355.80 (2 days) Reduction: 21 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/07/19 Confirm with: KAZALI   Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S$ 2,520.71	(OI COVERED)	
Loss of Rental (LOR):	S$ 402.50 (3.5 days) X$ 115.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($ 50 x 3.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ✓ [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: $ 450.00	
Total:	S$ 3,105.70 Global Sum S$: 3,100.00		

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

Payee 1:	S$ 3,100.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—