INS. CASE OWNER: Boon shen | CC 3/CTI1900 3222, TT 663112 | FKK / IBAC:

ASSIGNMENT

Surveyor: Tan Poh | DOI: 15/7/19 | Date / Time: 5/9/19
Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No: GBH 9776U | Claim No.: SNM19020082O
Name of Insured: CRYSTANITE ELECTRICAL & PLUMBING CONTRACTOR | Policy No: DMVUSN 183578780
Insured Tel No.: | HP: | Make / Model: TOYOTA
Excess Sec II :S$ | D.O.A.: 15/7/19 | Place of Accident: BALESTIER RD
Is driver the owner: YES / NO | Nature of Accident:
If NO, Driver Name / Age: Ng Thiam Seng | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No.: (V/L: YES / NO) | Insured Liability: | Final ? Yes / No

SKB 1596A → GBH 9776U → SHC 7769R →

INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS: OI	INSRS: LOGE WSP: LG Tel: Liability: RMKS: TP	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
2/4/2019 PIC	Spoke to PIC, confirmed BOLA 28, explain NCF and TP claim, They agree to settle and aware NCD will be withheld for the time being, send letter to OI SNM 191 200820 before repair photo ✓

STAGE	DATE / PIC
Non-Reporting ltr (1st)	
Non-Reporting ltr (2nd)	
Non-Reporting ltr (Final)	
Notification ltr (if non-pickup)	
Call OI:	2/4/2019
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: LSP

FINALIZATION Date/Time: | Confirm with: | Confirm by: Email [ ] Call [ ]
Repair Cost: S$ 1,322.40 (2 days) Reduction: 35.61

FINAL SETTLEMENT Date/Time: 18/4/2019 | Confirm with: William Tan | Email ✓ Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28	If NO or B 28 Ass. Lia.: 0%
Repair Cost:	S$ 1,414.97	3 car chain collision, OI is second vehicle push by
Loss of Rental (LOR):	S$ 402.50 (3.5 days)	
Loss of Use (LOU):	S$ — (S x days)	
Loss of Income (LOI):	S$ 175.00 (S$ 50.00 x 3.5 days)	18/5/19
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [Tick only one]		
GIA/LTA Search:	S$ 7.49	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —	2) Report Format: TP
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: $400.00
Legal Cost:	S$ —	
Total:	S$ 1,999.96	**Global Sum S$:** 1,990.00

FINAL PAYMENT Date/Time: | Confirm with: | Email [ ] Call [ ]

Payee 1:	S$ 1,990.00	Name 1: ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: