

INS. CASE OWNER:

CC3, CT1 1900 4279, K1fa3

LKK:
IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

21/3/19

Date / Time:

21/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GB6 3784R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A: 6/3/2019

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

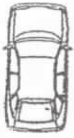
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHO 71405



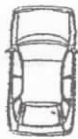
INSRS:

WSP: 100% long

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____



INSRS:

WSP: _____

Tel: _____

Liability: _____

RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SHO 71405 - 4/1/18 16036 / ASBET : 007:29/8/18	Non-Reporting ltr (1st):	
	GB6 3784R - CC3/CT1 1800 4279 / Men3n2: 1603:20/3/18	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:
Repair Cost:	P/P S\$ 940.00	(2 days) Reduction:	29 %
FINAL SETTLEMENT		Date/Time: 04.09.20	Confirm with: CATHERINE
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. :	NIL
Repair Cost/GST \$1,005.80	S\$ 502.90	CONFLICTING VERSION	
Loss of Rental (LOR):	225.34 S\$ 112.67	(2 days) x \$112.67	
Loss of Use (LOU):	- S\$ -	(\$ x days)	
Loss of Income (LOI):	100.00 S\$ 50.00	(\$ 50 x 2 days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒ [Tick only one]
GIA/LTA Search	\$7.49 S\$ 7.49		
Medical:	- S\$ -		
Disbursement:	- S\$ -	(e.g. Tow/ Independent)	
Legal Cost	- S\$ -		
Total:	\$1,338.63 S\$ 673.06	Global Sum S\$:	680.00
FINAL PAYMENT		Date/Time: 04.09.20	Confirm with: CATHERINE
Payee 1:	S\$ 680.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	