

INS. CASE OWNER:

CC 3, C71 1900 5055, Kead3

LKK:

IDAC:

Surveyor:

Awk

DOI:

ASSIGNMENT

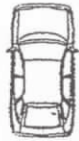
9/3/2019

Date / Time:

9/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : Ym 6533A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 9/3/2019

Place of Accident : _____

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

SHD 3238 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

CDU 1/1/19



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 3238 X - C21/11/18 1800 0774/11/18 104/10/1/18
 Ym 6533A - C16/11/18 1206/11/18 29/6/13
 - C5/11/18 1400 3829 Kead3 ; DOA: 25/1/19

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: AWK

Repair Cost: P/P S\$ 1,810.72 (2 days) Reduction: 14 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15.10.20 Confirm with ALIEEN

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 1,937.47

OID HIT TP STATIONARY VEHICLE

Loss of Rental (LOR): S\$ 292.38 (2.5 days) X \$116.95

Loss of Use (LOU): S\$ - (\$ x days)

Loss of Income (LOI): S\$ 125.00 (\$ 50 x 2.5 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 ~~Report/Claim Settled~~

2) Report Format: TP

3) Survey fee: \$400

Total: S\$ 2,362.34 Global Sum S\$: 2,360.00

FINAL PAYMENT Date/Time: 15.10.20

Confirm with: ALIEEN

Email ☐ Call ☐

Payee 1: S\$ 2,360.00

Name 1: COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: