15/5/2010

INS. CASE OWNER: CC 3/CTI 1900 5055 / Klea3

LKK:
IDAC:

ASSIGNMENT

Surveyor: AWK DOI: 19/3/2019 Date / Time : 19/3/19

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 :S$	D.O.A : 18/3/2019	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: Clear ways Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD3238X - CC2/MG1800077741/KLW5392; DOA: 10/1/18
	Ym 6533A - CC6/1117012861/AKca392; DOA: 29/6/17
	- CS/CTI 19003829/Kld3 ; DOA: 25/2/19

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 VEHILCE	
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$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		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:	