

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1901 9190, K2e11b

LKK:
IDAC:

Surveyor:

Kavin

DOI:

ASSIGNMENT

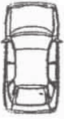
20/10/19

Date / Time:

21/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 7990R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 28/10/19

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. : _____

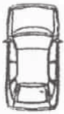
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

CIBH 9468J

PC 7990R

SH 9710H

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: 01INSRS:
WSP:
Tel :
Liability :
RMKS: 100%INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 9710H - x	Non-Reporting ltr (1st):	
	PC 7990R - x	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:	Confirm by: AWK
FINALIZATION	Date/Time:	Confirm with:	Confirm by: AWK
Repair Cost:	P/P S\$ 2,539.83	(3 days) Reduction: 67 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05.10.20	Confirm with: CATHERINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	w/GST S\$ 2,717.62	3VEH CC OID 2ND	
Loss of Rental (LOR):	S\$ 376.20	(3 days) X \$125.40	
Loss of Use (LOU):	S\$ -	(\$ x 3 days)	
Loss of Income (LOI):	S\$ 150.00	(\$ 50 x 3 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒		[Tick only one]	
GIA/LTA Search	S\$ 7.49		
Medical:	S\$ -		1) Claim status: Normal/Project/Dispute/Settle
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$ -		3) Survey fee: \$400
Total:	S\$ 3,251.31	Global Sum S\$: 3,250.00	
FINAL PAYMENT	Date/Time: 05.10.20	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S\$ 3,250.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	