15/5/2010

INS. CASE OWNER: CC3/CTI19020517/Fea3

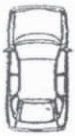
LKK:
IDAC:

ASSIGNMENT

Surveyor: RAM DOI: 18/11/2019 Date / Time : 18/11/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 8701S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/11/2019 14:00 Place of Accident : MAPLE TREE BUSINESS CENTRE

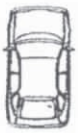
Is driver the owner? (YES / NO) Nature of Accident :

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**

SHA 5750K →

INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 5750K - NS/INC14006384/Stm3w2; DOA: 4.4.19
	SMG 8701S - X

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: PAR

Repair Cost: L/S S$ 3,600.00 (3 days) Reduction: 56 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17.09.21 Confirm with CATHERINE Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 3,852.00 OID PASSENGER OPEN DOOR HIT TP

Loss of Rental (LOR): S$ 563.35 (5 days) X $112.67

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

Loss of Income (LOI): S$ 250.00 ($ 50 x 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/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $400

Total: S$ 4,672.84 **Global Sum S$:** 4,670.00

FINAL PAYMENT Date/Time: 17.09.21 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 4,670.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	