

INS. CASE OWNER:

CC 4 / AIG190 20655, F d/b

LKK:

IDAC:

Surveyor:

km

DOI:

ASSIGNMENT

n/1069

Date / Time:

n/1069

Registered in Merimen:

n/1069

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 89AA

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 20/11/19

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

SHL 3557E


 INSRs: code
 WSP: m
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
SHL 3557E - A	Non-Reporting ltr (1st):	
SGV 89AA - A	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:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S 1,291.12 (2 days) Reduction: 35 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/07/2020	Confirm with Kazali	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S 1,381.50		
Loss of Rental (LOR):	\$S 312.98 (2.5 days) X \$125.19		
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 + LO ☒ [Tick only one]		
GIA/LTA Search	\$S 7.49		
Medical:	\$S -		1) Claim status: Normal Subject to Pte Ltd
Disbursement:	\$S - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	\$S -		3) Survey fee: \$320
Total:	\$S 1,826.97	Global Sum \$S:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,826.97	Name 1: ComfortDelgro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	