15/5/2010

INS. CASE OWNER: CC3/CTI1907 1755 / F da3

LKK:

IDAC:

ASSIGNMENT

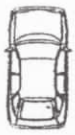
Surveyor: RAM

DOI: 9.12.19

Date / Time : 9.12.19

Registered in Merimen: /

Pre-assign / CCU / FTE



Insured Vehicle No. : SFB 6885S

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 07/12/2019

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

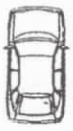
Place of Accident :

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SH 8298M → → →



INSRS:
WSP: Comfort Delgro
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 8298M - CC3/AIG1001917/Dja3g2 DOA 22/09/10
	- CC3/AXA1202 1285/19vldg2 DOA 31/10/12
	- CC3/FCI1700 1649 /Jbm2 DOA 07/04/17
	SFB 6885S - 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: RAM
Repair Cost: P/P	S$ 1,454.68	(2 days) Reduction: 43 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11.09.20	Confirm with CATHERINE	Email ☐ Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,556.51	OID ENCROACHED TP LANE WHILE TURNING	
Loss of Rental (LOR):	S$ 292.38	(2.5 days) X $116.95	
Loss of Use (LOU):	S$ 125.00	($ 50 x 2.5 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☑ [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: $400
Total:	S$ 1,981.38	**Global Sum S$:** 1,980.00	
FINAL PAYMENT	Date/Time: 11.09.20	Confirm with: CATHERINE	Email ☐ Cal ☐

Payee 1:	S$ 1,980.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	