

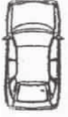
15/5/2010

INS. CASE OWNER:

CC 3/CTI1902 2700 / Feb

LKK:
IDAC:Surveyor: RamDOI: ASSIGNMENT
18/11/19Date / Time : 18/11/19
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 7780Y
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$ _____ D.O.A : 14/11/19
Is driver the owner? (YES / NO) Nature of Accident : _____Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKA HANTINSRS: 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
	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:
Repair Cost: P/P	\$S 3,009.90	(3 days) Reduction: 64 %
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: w/GST	\$S 3,220.59	OI REAR ENDED TP
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 -	
Disbursement:	\$S -	(e.g. Tow/ Independent)
Legal Cost	\$S -	
Total:	\$S 3,754.28	Global Sum \$S: 3,750.00
FINAL PAYMENT	Date/Time: 15.10.20	Confirm with: CATHERINE
Payee 1:	\$S 3,750.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: