

15/5/2010

LKK:

INS. CASE OWNER:

IDAC:

~~CC3/CTI20001673/Nea3~~**ASSIGNMENT**

Surveyor:

NAZ

DOI: 29/01/2020

Date / Time : 29/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 4547H

Claim No. :

SNM20D200525/GBF4547H/TKL

Name of Insured :

Policy No. :

DMCVSN3080921902

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$

D.O.A : 24/01/2020 21:40

Place of Accident : MAXWELL ROAD >> NEIL ROAD

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 7338E

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

Date/ Time	STAGE	DATE / PIC
SHA 7338E - CC3/AIG16019204/H1wb3q2; DOA: 07.10.16	Non-Reporting ltr (1st):	
- CS/FCI16006573/Kqbc2; DOA: 08.04.16	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: NAZ		
Repair Cost: P/P S\$ 21,395.48 (8 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 06.07.22 Confirm with: CATHERINE	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 22,893.16	OID MAKE TURN INTO MAIN ROAD	
Loss of Rental (LOR): S\$ 2,149.99 (17 days) X \$126.47		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 850.00 (\$ 50 x 17 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search S\$ 7.49	1) Claim status: Normal/Reject Private Sum	
Medical: S\$ -	2) Report Format: TP	
Disbursement: S\$ 150.00 (e.g. Tow/Independent)	3) Survey fee: \$400	
Legal Cost S\$ -		
Total: S\$ 26,050.64 Global Sum S\$:		
FINAL PAYMENT Date/Time: 06.07.22 Confirm with: CATHERINE	Email ☐ Call ☐	
Payee 1: S\$ 26,050.64 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		