

INS. CASE OWNER:

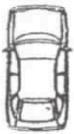
CC3/CTI20004118/Fea3

LKK:

IDAC:

ASSIGNMENTSurveyor: **RAM**DOI: **13/03/2020**Date / Time : **13/03/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **PC 7942E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **13/03/2020**

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****SHA 4684A**INSRS:
WSP: COMFORTDELGRO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 4684A - CC3/AIG13017401/Yg2t2w2 16/09/2013	Non-Reporting ltr (1st):	
NBA/AIG13018431/S 16/09/2013	Non-Reporting ltr (2nd):	
PC 7942E - X	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:	☐ ☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: RAM		
Repair Cost: L/S S\$ 3,250.00 (4 days) Reduction: 36 % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 16.10.20 Confirm with: CATHERINE Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : _____		
Repair Cost: w/GST S\$ 3,477.50 OID HIT TP STATIONARY VEHILCE		
Loss of Rental (LOR): S\$ 501.60 (4 days) X \$125.40		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 200.00 (\$ 50 x 4 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search S\$ 7.49		
Medical: S\$ -	1) Claim status: Normal Rejected Private Settlement	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$400	
Total: S\$ 4,181.10 Global Sum S\$: 4,180.00		
FINAL PAYMENT Date/Time: 16.10.20 Confirm with: CATHERINE Email ☐ Call ☐		
Payee 1: S\$ 4,180.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		