

INS. CASE OWNER:

CC 3 / CTI 2000 5108 / Fps3

LKK:  
IDAC:

## ASSIGNMENT

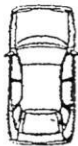
Surveyor: RAM

DOI: 08/04/2020

Date / Time : 08/04/2020

Registered in Merimen: 09/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGA 128C

Claim No. : \_\_\_\_\_

Name of Insured : AARON HOU CHEE MENG

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ D.O.A : 06/04/2020

Place of Accident : \_\_\_\_\_

Is driver the owner? (YES / NO ) Nature of Accident : \_\_\_\_\_

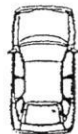
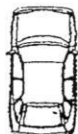
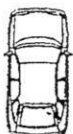
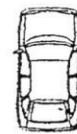
If NO, Driver Name / Age :

OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

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

Insured Liability : % Final ? Yes / No

SHA 7090T

INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SHA 7090T : CS/FCI16001253/K1vbc2 ; DOA : 01/01/2016 SGA 128C : x	STAGE	DATE / PIC	
09/09/2020	Pls refer to VIEWS for details.	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)	<input type="checkbox"/>	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>		
PIR:	<input type="checkbox"/>	<input type="checkbox"/>		
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>		
LOD	<input type="checkbox"/>	<input type="checkbox"/>		
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 937.20 ( 2 days) Reduction: 45 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 09/09/2020	Confirm with Catherine	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 1,002.80			
Loss of Rental (LOR):	S\$ 250.38 ( 2 days) x 125.19			
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ 100.00 (\$50 x 2 days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]			
GIA/LTA Search	S\$ 2.00			
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: \$400.00	
Total:	S\$ 1,355.18	Global Sum S\$ 1,350.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,350.00	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		