

INS. CASE OWNER:

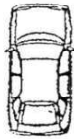
CC 3 / CTI 2000 5109 / Fps3

LKK:

IDAC:

ASSIGNMENTSurveyor: RAMDOI: 08/04/2020Date / Time: 08/04/2020Registered in Merimen: 09/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SFT 2320L

Claim No. : _____

Name of Insured : CHUA LEE BAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS D.O.A : 07/04/2020

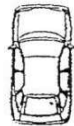
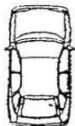
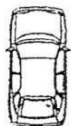
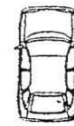
Place of Accident : _____

Is driver the owner? (☒ YES / ☐ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT ☒ YES NO ; TP GIA REPORT ☒ YES NODriver Tel No. : _____ (V/L ☒ YES NO)

Insured Liability : _____ % Final ? Yes / No

SHC 8616KINSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
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)	<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"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>L/sum</u>	SS <u>750.00</u> (<u>2</u> days) Reduction: <u>53</u> %	Confirm by:
FINAL SETTLEMENT	Date/Time: <u>16/11/2020</u> Confirm with <u>Catherine</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>w/GST</u>	SS <u>802.50</u>	
Loss of Rental (LOR):	SS <u>250.80</u> (<u>2</u> days) x \$125.40	
Loss of Use (LOU):	SS (\$ <u> </u> x <u> </u> days)	
Loss of Income (LOI):	SS <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	SS <u>2.00</u>	
Medical:	SS	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	SS	3) Survey fee: <u>\$400.00</u>
Total:	SS <u>1,155.30</u> Global Sum SS: <u>1,100.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS <u>1,100.00</u>	Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3: