

INS. CASE OWNER:

CC 3 / CTI 2000 5571 / Fps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

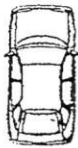
RAM

DOI: 05/05/2020

Date / Time : 05/05/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 8979D

Claim No. : —

Name of Insured : KIM TIONG ENTERPRISES PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 05/05/2020

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

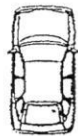
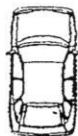
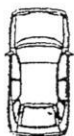
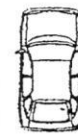
Driver Tel No. : —

(V/L: ☒ YES / NO)

Insured Liability : —

% Final ? Yes / No

SHC 1447C

INSRS:
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
	SHC 1447C : CC3/AXA12016948/H1v1c3 ; DOA : 28/08/2012	
	GBD 8979D : CS3/CTI18007689/M1z4be2 ; DOA : 23/04/2018	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
29/01/2021	Pls refer to VIEWS for details.	
	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\$ 5,553.00 (3 days) Reduction: 19 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 29/01/2021 Confirm with Catherine	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 5,941.71	
Loss of Rental (LOR):	S\$ 375.57 (3 days) x 125.19	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 150.00 (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	S\$ 7.49	
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\$ 6,474.77 Global Sum S\$: 6,400.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 6,400.00 Name 1: ComfortDelGro Engineering Pte Ltd	Email ☒ Call ☐
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	