

INS. CASE OWNER:

CC 3 / CTI 2000 5742 / Fps3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RAM

DOI: 14/05/2020

Date / Time : 14/05/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 9450E

Claim No. : —

Name of Insured : NG NAM BEE MARKETING PTE LTD

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 08/05/2020

Place of Accident : —

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

If NO, Driver Name / Age :

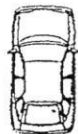
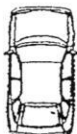
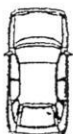
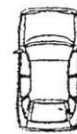
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHA 2786C

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
	SHA 2786C : CS/FCI18019756/Nqd3e2 ; DOA : 25/10/2018	
	YN 9450E : CS/CTI19017889/Aqf3n2 ; DOA : 09/10/2019	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
15/02/2021	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: L/sum	S\$ 3,100.00 (3 days) Reduction: 38 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 15/02/2021	Confirm with Catherine
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	Email ☒ Call ☐
Repair Cost: w/GST	S\$ 3,317.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S\$ 229.90 (2 days) x \$114.95	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 100.00 (\$ 50 x 2 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\$ 3,654.39	Global Sum S\$: 3,600.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 3,600.00	Name 1: ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: