

INS. CASE OWNER:

CC 4 / AIG 2000 5901 / Fps3

LKK:

IDAC:

ASSIGNMENT

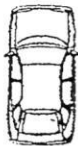
Surveyor: RAM

DOI: 22/05/2020

Date / Time : 22/05/2020

Registered in Merimen: 22/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 1472K

Claim No. : _____

Name of Insured : CHAN MUN HONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 21/05/2020

Place of Accident : _____

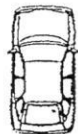
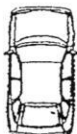
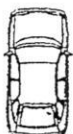
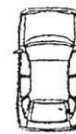
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

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

Insured Liability : _____ % Final ? Yes / No

SHC 2617Y

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 2617Y : CC3/AIG13023705/Yhy3q2 ; DOA : 12/12/2013	
	SLZ 1472K : X	
11/10/2020	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)	☐
	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\$ 4,074.30 (4 days) Reduction: 3 %	Confirm by:
FINAL SETTLEMENT	Date/Time: 11/10/2020 Confirm with Kazali	Email ☒ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 4,359.50	S\$ 2,179.75	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI): 300.00	S\$ 150.00 (\$ 50 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	S\$ 7.49	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ 2,337.24 Global Sum S\$: 2,330.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 2,330.00 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:	

1) Claim status: Normal/Reject/Private Sale

2) Report Format: TP

3) Survey fee: \$320.00