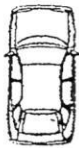|			LKK:
INS. CASE OWNER:	CC 4 /AIG 2000 6014 / Fps3		IDAC:

ASSIGNMENT

Surveyor: **RAM** DOI: **29/05/2020** Date / Time: **28/05/2020**

Registered in Merimen: **28/05/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **EX 2628R**   Claim No. : _____

Name of Insured : **PHUA ENG HAI**   Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **28/05/2020** Place of Accident : _____

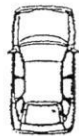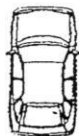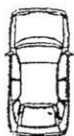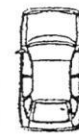Is driver the owner? (**YES** / NO) Nature of Accident : _____

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**

SHD 4626C → _____ → _____ _____ → _____

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

Date/ Time		STAGE	DATE / PIC
	SHD 4626C : CS/FCI17002654/R1qh3m2 ; DOA : 01/02/2017	Non-Reporting ltr (1st):	
	EX 2628R : X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
20/03/2021	**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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: **L/sum** S$ **2,500.00** (**3** days) Reduction: **29** %			Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time: **20/03/2021** Confirm with **Kazali**	Email ✓ Call ☐
Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **2,675.00**	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **225.00** ($ **4.5** x **50** 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 Scale~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$320.00**
Total:	S$ **2,907.49** Global Sum S$:	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ **2,907.49**	Name 1: **ComfortDelGro Engineering Pte Ltd**	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	