

INS. CASE OWNER:

CC 4 / AIG 2000 6309 / T1rs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 08/06/2020Date / Time : 08/06/2020Registered in Merimen: 08/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 6400H

Claim No. : _____

Name of Insured : Neo Ah Mian

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 03/06/2020

Place of Accident : _____

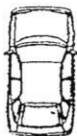
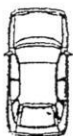
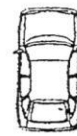
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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

SHA 1837X

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 1837X : CC3/LCR17006597/H1ub3q2 ; DOA : 01/04/2017	
	SLQ 6400H : X	
10/06/2020	OINR *** SENT OUT FIRST NON-REPORTING LETTER	
	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:	Confirm by:
Repair Cost: L/SUM S\$ 2,100.00 (2 days) Reduction: 49 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 10/8/2021 Confirm with KAZALI		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 2,247.00		
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 Settlement
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: 320.00
Total: S\$ 2,584.39 Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ 2,584.39 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		