

INS. CASE OWNER:

CC3 /QBE2000 6341 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

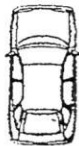
TAUFIKH

DOI: 15/06/2020

Date / Time : 15/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : **YN 9444Z**

Name of Insured : **UMS ENGINEERING (S) PTE LTD**

Insured Tel No. : _____ HP: _____

Excess Sec II : \$\$ _____ D.O.A : **14/06/2020**

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

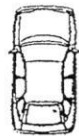
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Insured Liability : % Final ? Yes / No

SHC 8576S



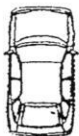
INSRS:

WSP: COMFORTDELGRO

Tel : (LOYANG)

Liability :

RMKS:



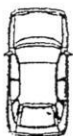
INSRS:

WSP:

Tel :

Liability :

RMKS:



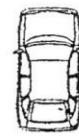
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SHC 8576S : CC3/CTI16001063/H1hg3n2 ; DOA : 15/01/2016 YN 9444Z : CS/QBE18002689/Urd3n2 ; DOA : 05/02/2018	STAGE	DATE / PIC
		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: MTH		
Repair Cost:	P/P \$S 2,197.43 (3 days) Reduction: 64 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 18.09.20 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 2,351.25	OID REAR ENDED TP	
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 (\$ 50 x 3 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/Printed Settlement	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$400	
Total:	\$S 2,884.31 Global Sum \$S:		
FINAL PAYMENT	Date/Time: 18.09.20 Confirm with: CATHERINE	Email ☐ Call ☐	
Payee 1:	\$S 2,884.31 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		