15/5/2010

INS. CASE OWNER:

CC4/AIG20006343/T1ea3

LKK:

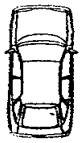
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 16.06.2020 Date / Time : 16.06.2020

Registered in Merimen: 16.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGE 7690C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

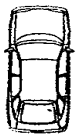
Excess Sec II :S$ D.O.A : 16/06/2020 12:05 Place of Accident :

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

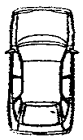
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

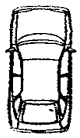
SH 7132P → → →



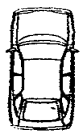
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 7132P - CC3/AIG15009360/M1pm3s2 ; 02/06/2015	Non-Reporting ltr (1st):	
	CS/INC09021813/Yh ; 26/09/2009	Non-Reporting ltr (2nd):	
	NA/INC09023582/r ; 26/09/2009	Non-Reporting ltr (Final):	
	NS/INC11022533/H1ftm ; 31/10/2011	Notification ltr (if non-pickup):	
	NS/INC15022196/H1qh3n2 ; 23/12/2015	Call OI:	
	SGE 7690C - X	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 2,500.00 (3 days)	Reduction: 59 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.09.21	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	OID SWERVED INTO TP LANE	
Loss of Rental (LOR): 50%	S$ 125.40 (2 days)	X $125.40	
Loss of Use (LOU):	S$ - ($ 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: $320
Total:	**S$** 2,907.89	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 07.09.21	Confirm with: KAZALI	Email ☐ Call ☐
Payee 1:	S$ 2,907.89	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	