

INS. CASE OWNER:

CC 4 / AIG 2000 6502 / T1es3

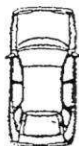
LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 22/06/2020Date / Time : 22/06/2020Registered in Merimen: 22/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMJ 4654E

Claim No. : _____

Name of Insured : YEO CHU MENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 19/06/2020

Place of Accident : _____

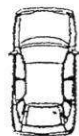
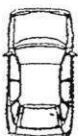
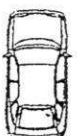
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SHD 3334B

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

Date/ Time	SHD 3334B : CC3/TMI19006688/K1sd3n2 ; DOA : 13/04/2019 SMJ 4654E : X	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 / GLA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm by: <u>MTH</u>	
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: <u>MTH</u>	
Repair Cost:	<u>L/S</u> \$S <u>1,150.00</u> (<u>2</u> days) Reduction: <u>47</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07.09.21</u> Confirm with <u>KAZALI</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> \$S <u>1,230.50</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR):	<u>50%</u> \$S <u>225.34</u> (<u>4</u> days) X \$112.67		
Loss of Use (LOU):	\$S <u>-</u> (\$ <u>-</u> x <u>-</u> days)		
Loss of Income (LOI):	\$S <u>200.00</u> (\$ <u>50</u> x <u>4</u> days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	\$S <u>7.49</u>		
Medical:	\$S <u>-</u>	1) Claim status: Normal <u>Reject/Private Settlement</u>	
Disbursement:	\$S <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S <u>-</u>	3) Survey fee: <u>\$320</u>	
Total:	\$S <u>1,663.33</u> Global Sum \$S:		
FINAL PAYMENT	Date/Time: <u>07.09.21</u> Confirm with: <u>KAZALI</u>	Email ☐ Call ☐	
Payee 1:	\$S <u>1,663.33</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		