

INS. CASE OWNER:

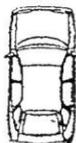
CC 3 / CTI 2000 6617 / T1es3

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor: TAUFIKH DOI: 23/06/2020 Date / Time : 23/06/2020  
Registered in Merimen: ---

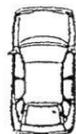
Pre-assign / CCU / FTE



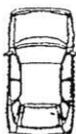
Insured Vehicle No. : SKX 2827L Claim No. : \_\_\_\_\_  
Name of Insured : MUHAMMAD NAZREE BIN ABDUL RAHIM Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : SS D.O.A : 23/06/2020 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO ) Insured Liability : \_\_\_\_\_ % Final ? Yes / No

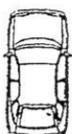
**SHA 9517S**



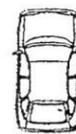
INSRS:  
WSP: COMFORTDELGRO  
Tel: (LOYANG)  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHA 9517S : CS/FCI17015679/Agbn2 ; DOA : 30/07/2017	
	SKX 2827L : X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <b>MTH</b>
Repair Cost: <b>P/P</b> S\$ 3,266.76 ( 4 days) Reduction: 65 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 15.04.21	Confirm with: <b>CATHERINE</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 14		If NO or B 28, Ass. Lia : <b>OID MOVE OUT FROM STATIONARY HIT TP</b>
Repair Cost: <b>w/GST</b> S\$ 3,495.43		
Loss of Rental (LOR): S\$ 438.17 ( 3.5 days) X \$125.19		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 175.00 (\$ 50 x 3.5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [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: <b>TP</b>
Legal Cost S\$ -		3) Survey fee: <b>\$400</b>
<b>Total:</b> S\$ 4,116.09	<b>Global Sum S\$: 4,100.00</b>	
<b>FINAL PAYMENT</b> Date/Time: 15.04.21	Confirm with: <b>CATHERINE</b>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 4,100.00	Name 1: <b>COMFORTDELGRO ENGINEERING PTE LTD</b>	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	