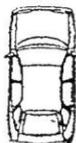|		LKK:
INS. CASE OWNER:	CC 3 / CTI 2000 6821 / T1es3	IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **29/06/2020**   Date / Time : **29/06/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SDS 36A**   Claim No. : _____

Name of Insured : **NG CHUN KIAT JUSTIN (HUANG JUNJIE)**   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : **26/06/2020**   Place of Accident : _____

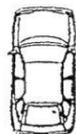Is driver the owner? (**YES** / NO)   Nature of Accident : _____

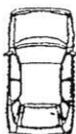If **NO**, Driver Name / Age : _____   OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : _____   (V/L: **YES** / NO)   Insured Liability : ___ %   **Final ? Yes / No**
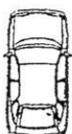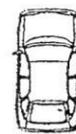
SHD 6556H →

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

Date/ Time	SHD 6556H : NA/CTI20006731/h4 ; DOA : 26/06/2020 SDS 36A : CC3/AIG12021685/H1a2a3q2 ; DOA : 06/11/2012	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

	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: **L/S** S$ **1,550.00**   (**2** days) Reduction: **68** %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **06.05.21**   Confirm with **CATHERINE**   Email ☐ Call ☐

Final Liability: **100** % **50**   (Agreed / Assessed) BOLA S/N No. : **NIL**   If NO or B 28, Ass. Lia :

Repair Cost **w/GST: $1,658.50** S$ **829.25**   **BOTH PARTY CHANGING LANE**

Loss of Rental (LOR): **459.80** S$ **229.90**   (**4** days) X **$114.95**

Loss of Use (LOU): **-** S$ **-**   ($ x days)

Loss of Income (LOI) **200.00** S$ **100.00**   ($ **50** x **4** days)   ✓ [Tick only one]

LOR only ☐   LOU only ☐   LOR + LOU ☐   LOR + LOI ✓

GIA/LTA Search **$7.49** S$ **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: **$400**

Total: **$ 2,325.79** S$ **1,166.64**   Global Sum S$: **1,200.00**

FINAL PAYMENT   Date/Time: **06.05.21**   Confirm with: **CATHERINE**   Email ☐ Call ☐

Payee 1:	S$ **1,200.00**	Name 1:	**COMFORTDELGRO ENGINEERING PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	