

INS. CASE OWNER:

CC 4 / AIG 2000 6827 / T1rs3

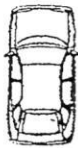
LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 30/06/2020Date / Time : 30/06/2020Registered in Merimen: 30/06/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKC 4878L

Claim No. : _____

Name of Insured : DUSOL BEATURY NOVENA PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 30/06/2020

Place of Accident : _____

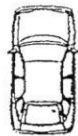
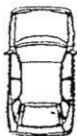
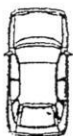
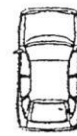
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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 3177M

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 3177M : NA/AIG19012268/z4 ; DOA : 14/06/2019	STAGE	DATE / PIC
	SKC 4878L : CC4/AIG19012062/Gka3q2 ; DOA : 22/06/2019	Non-Reporting ltr (1st):	
01/07/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (2nd):	
08/07/2020	✓ OI GIA Rec'd	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM	\$S 1,150.00 (2 days) Reduction: 45 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 15/09/2021 Confirm with KAZALI	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	1,230.50 \$S 615.25		
Loss of Rental (LOR):	116.96 \$S 58.48 (2 days) X \$58.48		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	100.00 \$S 50.00 (\$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 Sewer	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: 320.00	
Total:	\$S 731.22 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 731.22 Name 1: ComfortDelgro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		