

INS. CASE OWNER:

CC 4 /AIG 2000 7060 / T1es3

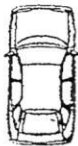
LKK:

IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**DOI: **07/07/2020**Date / Time : **07/07/2020**Registered in Merimen: **07/07/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMC 8601T**

Claim No. : _____

Name of Insured : **WANG YINGRU**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **06/07/2020**

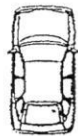
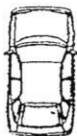
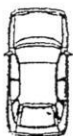
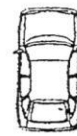
Place of Accident : _____

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

SHC 7243JINSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 7243J : CS/TMI17001957/H1gpn2 ; DOA : 30/01/2017 SMC 8601T : 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 / 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\$ 1,500.00	(2 days) Reduction: 33 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 07.04.21 Confirm with KAZALI	Email ☐	Call ☐
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,605.00	OID REAR ENDED TP		
Loss of Rental (LOR): S\$ 169.01	(1.5 days) X \$ 112.67		
Loss of Use (LOU): S\$ -	(\$ x days)		
Loss of Income (LOI): S\$ 75.00	(\$ 50 x 1.5 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\$ 1,856.50 Global Sum S\$: 1,800.00		
FINAL PAYMENT	Date/Time: 07.04.21 Confirm with: KAZALI	Email ☐	Call ☐
Payee 1:	S\$ 1,800.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		