

INS. CASE OWNER:

CC 4 /AIG 2000 7228 / T1es3

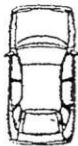
LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 13/07/2020Date / Time : 13/07/2020Registered in Merimen: 13/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDN 93K
 Name of Insured : GOH WEI XIANG, ZACHERY
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 08/07/2020
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

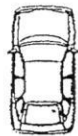
If NO, Driver Name / Age :

Driver Tel No. :

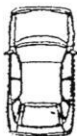
(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

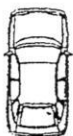
SHD 7143J



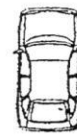
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHD 7143J : CC4/III20007230/g3 ; DOA : 08/07/2020 SDN 93K :	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: <u>MTH</u>		
Repair Cost:	<u>L/S</u> \$S <u>4,000.00</u> (<u>3</u> days) Reduction: <u>34</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>25.02.21</u> Confirm with <u>KAZALI</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>24</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> \$S <u>4,280.00</u>	<u>OID MOVE OUT PARKING LOT</u>	
Loss of Rental (LOR):	\$S <u>563.35</u> (<u>5</u> days) X \$112.67		
Loss of Use (LOU):	\$S <u>-</u> (\$ <u>x</u> days)		
Loss of Income (LOI):	\$S <u>250.00</u> (\$ <u>50</u> x <u>5</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/ Reject/Private Settlement	
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>5,100.84</u> Global Sum \$S: <u>5,100.00</u>		
FINAL PAYMENT	Date/Time: <u>25.02.21</u> Confirm with: <u>KAZALI</u>	Email ☐	Call ☐
Payee 1:	\$S <u>5,100.00</u> Name 1: <u>COMFORT TRANSPORTATION PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		