

INS. CASE OWNER:

CC 3 /QBE 2000 7358 / T1es3

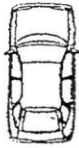
LKK:

IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**DOI: **15/07/2020**Date / Time : **15/07/2020**Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SLG 8714S**
 Name of Insured : **GURBAK SINGH S/O INDER SINGH BHAGAT @ SHAMEER SHAH**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : **14/07/2020**
 Is driver the owner? (☒ YES / NO) Nature of Accident : _____

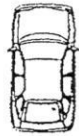
Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

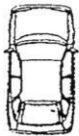
Driver Tel No. :

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

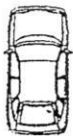
Insured Liability : % Final ? Yes / No

SHC 953P

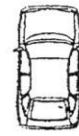
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHC 953P : CC3/AXA13010955/H1pb3c3 : DOA : 08/06/2013 SLG 8714S : 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: _____	Confirm with: _____	Confirm by: MTH
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: MTH
Repair Cost: L/S	\$S 3,350.00 (2 days) Reduction: 46 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 08.10.20 Confirm with CATHERINE	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 3,584.50	OI CHANGED LANE HIT TP	
Loss of Rental (LOR):	\$S 970.80 (6 days) X \$161.80		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 300.00 (\$ 50 x 6 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/Print/Seal	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$400	
Total:	\$S 4,862.79 Global Sum \$S: 4,850.00		
FINAL PAYMENT	Date/Time: 08.10.20 Confirm with: CATHERINE	Email ☐ Call ☐	
Payee 1:	\$S 4,850.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		