15/5/2010

~~CC 4 / AIG 2000 7509 / T1ds3~~

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **21/07/2020**   Date / Time: **21/07/2020**

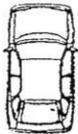Registered in Merimen: **21/07/2020**

Pre-assign / CCU / FTE
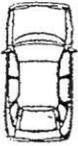
Insured Vehicle No. : **SMR 77E**	Claim No. :
Name of Insured : **ZENG QI**	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **20/07/2020**	Place of Accident :
Is driver the owner? (**YES** / NO)	Nature of Accident :

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

Driver Tel No. :   (V/L: **YES** / NO)   Insured Liability : %   **Final ? Yes / No**

SHC 2510X →   →   →
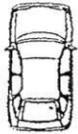
INSRS:	INSRS:	INSRS:	INSRS:
WSP: COMFORTDELGRO (LOYANG)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
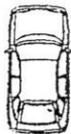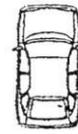
Date/ Time	SHC 2510X : CS/FCI19018968/Qsd3e2 ; DOA : 19/10/2019 SMR 77E : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

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:

Repair Cost: **L/SUM** S$ **1,900.00** (**3** days) Reduction: **60** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **26/4/2021** Confirm with **KAZALI**   Email ✓ Call ☐

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

Repair Cost: **w/GST** S$ **2,033.00**

Loss of Rental (LOR): S$ **338.01** (**3** days) x **$112.67**

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

Loss of Income (LOI): S$ ($ x 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: **320.00**

Total: S$ **2,378.50**   Global Sum S$:

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ **2,378.50**	Name 1:	**ComfortDelGro Engineering Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	