

INS. CASE OWNER:

CC4 /AIG 2000 7696 / T1es3

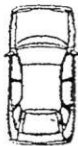
LKK:

IDAC:

ASSIGNMENT

Surveyor: TaufikhDOI: 27/07/2020Date / Time : 27/07/2020Registered in Merimen: 27/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJW 6033B

Claim No. : _____

Name of Insured : SEOW EILLYNE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 25/07/2020

Place of Accident : _____

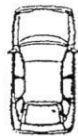
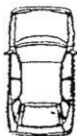
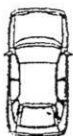
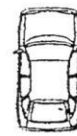
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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 3383P

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 3383P : CC4/III19017506/Uga3q2 ; DOA : 19/09/2019 SJW 6033B : 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: <u>MTH</u>
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: <u>MTH</u>
Repair Cost: <u>L/S</u>	S\$ <u>600.00</u> (<u>1</u> days) Reduction: <u>31</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07.09.21</u> Confirm with <u>KAZALI</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>642.00</u>	<u>OI GRAZED TP STATIONARY VEH</u>	
Loss of Rental (LOR): <u>50%</u>	S\$ <u>86.21</u> (<u>1.5</u> days) X \$114.95		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ <u>75.00</u> (\$ <u>50</u> x <u>1.5</u> days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	S\$ <u>7.49</u>		
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>810.70</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>07.09.21</u> Confirm with: <u>KAZALI</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>810.70</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		