

INS. CASE OWNER:

CC 4 / AIG 2000 7867 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

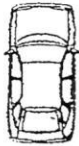
Taufikh

DOI: 30/07/2020

Date / Time : 30/07/2020

Registered in Merimen: 30/07/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGK 106M

Claim No. : _____

Name of Insured : GOH BENG THIAM

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 29/07/2020

Place of Accident : _____

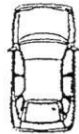
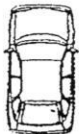
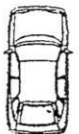
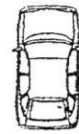
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

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 8983A

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 8983A : CS/TMI18003216/K1qd3n2 ; DOA : 14/02/2018 SGK 106M : 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\$ 11,400.00	(7 days) Reduction:	40 % Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 08.09.21	Confirm with: KAZALI	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 36a	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 12,198.00	OI REAR ENDED TP AND TP HIT VEH C		
Loss of Rental (LOR):	50% S\$ 402.33	(7 days) X \$114.95		
Loss of Use (LOU):	S\$ -	(\$ x days)		
Loss of Income (LOI):	S\$ 100.00	(\$ 50 x 2 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 Settlement		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320		
Total:	S\$ 12,707.82	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 08.09.21	Confirm with: KAZALI	Email ☐ Call ☐	
Payee 1:	S\$ 12,707.82	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		