15/5/2010

INS. CASE OWNER: CC3 / CTI 2000 8041 / T1es3

LKK:

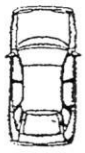
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 30/07/2020 Date / Time : 30/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 2325G Claim No. :

Name of Insured : SAM SENG THIM Policy No. :

Insured Tel No. : HP: Make / Model :

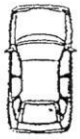
Excess Sec II :S$ D.O.A : 29/07/2020 Place of Accident :

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

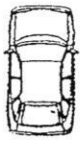
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

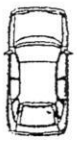
SHD 7140S → → →



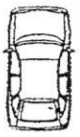
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 7140S : CC3/CTI19004279/K1ea3 ; DOA : 06/03/2019
	SKL 2325G : 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$ 1,450.00 (2 days) Reduction: 54 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13.11.20 Confirm with CATHERINE Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 1,551.50 OI REAR ENDED TP

Loss of Rental (LOR): S$ 281.68 (2.5 days) X $112.67

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

Loss of Income (LOI): S$ 125.00 ($ 50 x 2.5 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: $400

Total: S$ 1,965.67 **Global Sum S$:** 1,960.00

FINAL PAYMENT Date/Time: 13.11.20 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 1,960.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	