

INS. CASE OWNER:

CC3 /QBE 2000 8058 / T1es3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

TAUFIKH

DOI:

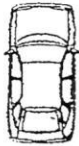
30/07/2020

Date / Time :

30/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 9770J

Claim No. : \_\_\_\_\_

Name of Insured : WONG CHEE MUN

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 30/07/2020

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

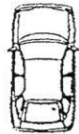
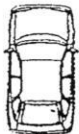
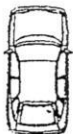
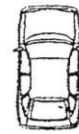
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO )

Insured Liability : % Final ? Yes / No

SHB 3114E

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

| Date/ Time                                                          | SHB 3114E : X ; SJN 9770J : 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)  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Towing Invoice                    | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | PIR:                              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | LOD                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                     |                                                                                  |                                               | Others:                           | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                  | Date/Time:                                                                       | Sent By:                                      |                                   |                                                   |
| FINALIZATION                                                        | Date/Time:                                                                       | Confirm with:                                 | Confirm by: MTH                   |                                                   |
| Repair Cost:                                                        | L/S S\$ 1,600.00                                                                 | ( 2 days) Reduction: 36 %                     | Email                             | Call                                              |
| FINAL SETTLEMENT                                                    | Date/Time: 18.09.20                                                              | Confirm with CATHERINE                        | Email                             | Call                                              |
| Final Liability:                                                    | % 100                                                                            | (Agreed / Assessed) BOLA S/N No. : 24         | If NO or B 28, Ass. Lia :         |                                                   |
| Repair Cost:                                                        | w/GST S\$ 1,712.00                                                               | OI REVERSED OUT OF PARKING LOT HIT TP         |                                   |                                                   |
| Loss of Rental (LOR):                                               | S\$ 564.30                                                                       | ( 4.5 days) X \$125.40                        |                                   |                                                   |
| Loss of Use (LOU):                                                  | S\$ -                                                                            | ( \$ x days)                                  |                                   |                                                   |
| Loss of Income (LOI):                                               | S\$ 225.00                                                                       | ( \$ 50 x 4.5 days)                           |                                   |                                                   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> | [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\$ 2,508.79                                                                     | Global Sum S\$:                               |                                   |                                                   |
| FINAL PAYMENT                                                       | Date/Time: 18.09.20                                                              | Confirm with: CATHERINE                       | Email                             | Call                                              |
| Payee 1:                                                            | S\$ 2,508.79                                                                     | Name 1:                                       | COMFORTDELGRO ENGINEERING PTE LTD |                                                   |
| Payee 2: (Strike if N.A.)                                           | S\$                                                                              | Name 2:                                       |                                   |                                                   |
| Payee 3: (Strike if N.A.)                                           | S\$                                                                              | Name 3:                                       |                                   |                                                   |