15/5/2010

INS. CASE OWNER:

CC3/CTI20008086/T1ea3

LKK:

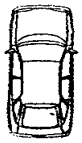
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 03/08/2020 Date / Time : 03/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGL 189T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

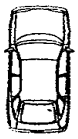
Excess Sec II :S$ D.O.A : 02/08/2020 16:45 Place of Accident :

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

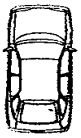
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

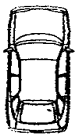
SHB 2199S → → →



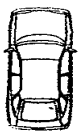
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 2199S - CS/FCI17002471/T1gh3f2 ; 06/02/2017	Non-Reporting ltr (1st):	
	CS/FCI19014809/T1vd3n2 ; 17/08/2019	Non-Reporting ltr (2nd):	
	CS/INC09013500/Yh ; 14/06/2009	Non-Reporting ltr (Final):	
	NA/INC19014475/z4 ; 17/08/2019	Notification ltr (if non-pickup):	
	SGL 189T - CS/CTI20000939/Eqd3e2 ; 10.01.2020	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 1,450.00 (2 days)	Reduction: 71 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.10.20	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27 OI REAR ENDED TP	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,551.50		
Loss of Rental (LOR):	S$ 221.34 (2 days)	X $110.67	
Loss of Use (LOU):	S$ - ($ 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 Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $400
Total:	**S$** 1,880.33	**Global Sum S$:** 1,880.00	

FINAL PAYMENT	Date/Time: 06.10.20	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S$ 1,880.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	