15/5/2010

INS. CASE OWNER: CC3/CTI20008406/T1es3

LKK:

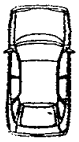
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 12/08/2020 Date / Time : 13/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SJR 2116Z Claim No. :

Name of Insured : GAN BOON HENG Policy No. :

Insured Tel No. : HP: Make / Model :

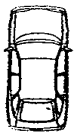
Excess Sec II :S$ D.O.A : 05/08/2020 Place of Accident :

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

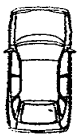
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

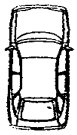
SHA 7500C → → →



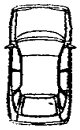
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 7500C : CC3/CAI14024174/H1sm3w2 ; DOA : 21/12/2014	Non-Reporting ltr (1st):	
	SJR 2116Z : X	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 1,700.00 (2 days)	Reduction: 41 %	Email Call
FINAL SETTLEMENT	Date/Time: 26.04.21	Confirm with CATHERINE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,819.00	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 254.61 (1.5 days)	X $169.74	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 days)		
LOR only LOU only LOR + LOU LOR + LO ✓	[**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: $400
Total:	**S$** 2,156.10	**Global Sum S$:** 2,150.00	
FINAL PAYMENT	Date/Time: 26.04.21	Confirm with: CATHERINE	Email Cal
Payee 1:	S$ 2,150.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	