

INS. CASE OWNER:

CC3 /CTI 2000 8640 / T1es3

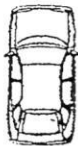
LKK:

IDAC:

ASSIGNMENT

Surveyor: TaufikhDOI: 17/08/2020Date / Time : 18/08/2020Registered in Merimen: ---

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 3298K

Claim No. : _____

Name of Insured : KOH KHAR HUI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 14/08/2020

Place of Accident : _____

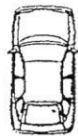
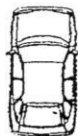
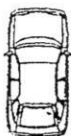
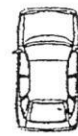
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHC 3036S

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 3036S : CS/FCI18000599/T1vd3n2 ; DOA : 07/01/2018 SLU 3298K : 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: _____	Confirm with: _____	Confirm by: <u>MTH</u>
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: <u>MTH</u>
Repair Cost:	P/P \$S <u>575.00</u> (<u>2</u> days) Reduction: <u>62</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07.12.20</u> Confirm with <u>CATHERINE</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST \$S <u>615.25</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR):	\$S <u>625.95</u> (<u>5</u> days) X \$125.19		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S -	1) Claim status: Normal/Reject Private Sewer	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S -	3) Survey fee: <u>\$400</u>	
Total:	\$S <u>1,493.20</u> Global Sum \$S: <u>1,490.00</u>		
FINAL PAYMENT	Date/Time: <u>07.12.20</u> Confirm with: <u>CATHERINE</u>	Email ☐ Call ☐	
Payee 1:	\$S <u>1,490.00</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		