15/5/2010

INS. CASE OWNER:

CC3/CTI20008724/T1ea3

LKK:

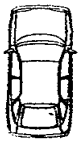
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/08/2020 Date / Time : 14/08/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 6988J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

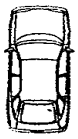
Excess Sec II :S$ D.O.A : 13/08/2020 23:55 Place of Accident :

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

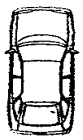
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

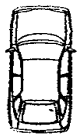
SHD 6849M → → →



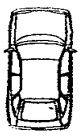
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 6849M - AIG16015837/H1yb3q2 ; 17/08/2016	**STAGE**	**DATE / PIC**
	CS/FCI17009023/Utbn2 ; 02/05/2017	Non-Reporting ltr (1st):	
	CS/FCI17020910/Arbn2 ; 31/10/2017	Non-Reporting ltr (2nd):	
	GBJ 6988J - X	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$ 2,050.00 (2 days) Reduction: 26 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13.11.20	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9d		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,193.50	OID MAKE A RIGHT TURN INTO THE MAIN ROAD	
Loss of Rental (LOR):	S$ 344.85 (3 days) X $114.95		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 2.00		
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: $400
Total:	**S$** 2,690.35	**Global Sum S$:** 2,690.00	
FINAL PAYMENT	Date/Time: 13.11.20	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S$ 2,690.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	