

INS. CASE OWNER:

CC4 /AIG 2000 9226 / T1Ks3

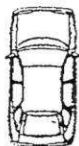
LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKHDOI: 01/09/2020Date / Time : 01/09/2020Registered in Merimen: 01/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SFJ 6922B

Claim No. : _____

Name of Insured : TAY HUI FONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 31/08/2020

Place of Accident : _____

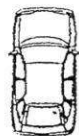
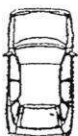
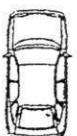
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SHD 3016U

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

Date/ Time	SHD 3016U : NS/INC19003239/K1qd3n2 ; DOA : 17/02/2019 SFJ 6922B : 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 / GLA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: <u>MTH</u>		
Repair Cost:	<u>L/S</u> S\$ <u>2,950.00</u> (<u>3</u> days) Reduction: <u>51</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>15.09.21</u> Confirm with <u>KAZALI</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>w/GST</u> S\$ <u>3,156.50</u>	<u>OID CHARGED FOR CARELESS DRIVING</u>	
Loss of Rental (LOR):	S\$ <u>332.01</u> (<u>3</u> days) X \$110.67		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ <u>150.00</u> (\$ <u>50</u> x <u>3</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 Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>3,640.51</u> Global Sum S\$ <u>3,640.00</u>		
FINAL PAYMENT	Date/Time: <u>15.09.21</u> Confirm with: <u>KAZALI</u>	Email ☐	Call ☐
Payee 1:	S\$ <u>3,640.00</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:		