

INS. CASE OWNER:

CC4 /AIG 2000 9651 / T1es3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

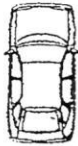
Taufikh

DOI: 09/09/2020

Date / Time : 09/09/2020

Registered in Merimen: 09/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 6949M

Claim No. : _____

Name of Insured : THAM CHEE HONG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 08/09/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

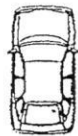
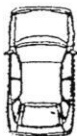
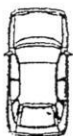
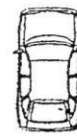
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SH 7744Z

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

Date/ Time	SH 7744Z : SKT 6949M :	CC4/III20009668/pa3 ; DOA : 08/09/2020	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:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH	
Repair Cost:	L/S S\$ 1,450.00	(2 days) Reduction: 61%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 15.06.22	Confirm with: AILEEN	Email ☐ Call ☐	
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Rep W/GST : \$1,551.50	S\$ 775.75	BOTH PARTY TURNING		
Loss of Rental (LOI):	\$221.34 S\$ 110.67	(2 days) x \$110.67		
Loss of Use (LOU):	- S\$ -	(\$ x days)		
Loss of Income (LOI):	\$100 S\$ 50.00	(\$ 50 x 2 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	\$2.00 S\$ 2.00			
Medical:	- S\$ -	1) Claim status: Normal/Reject/Printed/Settle		
Disbursement:	- S\$ -	(e.g. Tow/ Independent)		
Legal Cost	- S\$ -	2) Report Format: TP		
		3) Survey fee: \$320		
Total:	\$1,874.84 S\$ 938.42	Global Sum S\$:	940.00	
FINAL PAYMENT	Date/Time: 15.06.22	Confirm with: AILEEN	Email ☐ Call ☐	
Payee 1:	S\$ 940.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		