15/5/2010

INS. CASE OWNER:

CC4/AIG20009958/T1ra3

LKK:

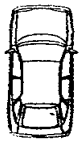
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 17/09/2020 Date / Time : 17/09/2020

Registered in Merimen: 17/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFL 658T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

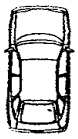
Excess Sec II :S$ D.O.A : 16/09/2020 13:05 Place of Accident :

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

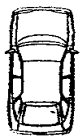
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

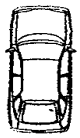
SHA 5318B → → →



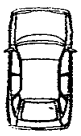
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFL 658T- X	**STAGE** **DATE / PIC**
	SHA 5318B - CC3/AIG15011847/H1wa3q2 ; 11/07/2015	Non-Reporting ltr (1st):
	CC3/CTI17014069/K1wb3n2 ; 19/07/2017	Non-Reporting ltr (2nd):
	CC4/FCI20002776/ea3 ; 08/02/2020	Non-Reporting ltr (Final):
	CS/FCI14022135/Ugbd1 ; 03/11/2014	Notification ltr (if non-pickup):
	NA/INC14021189/Y ;03/11/2014	Call OI:
	NA/INC20002398/z4 ; 07/02/2020	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:
Repair Cost: L/SUM	S$ 2,650.00 (3 days) Reduction: 70 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/6/2021 Confirm with KAZALI		Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,835.50	S$ 1,417.75		
Loss of Rental (LOR):338.01	S$ 169.01 (3 days) x $112.67		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):150.00	S$ 75.00 ($ 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: 320.00
Total:	**S$** 1,663.76	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,663.76	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	