15/5/2010

INS. CASE OWNER:

CC4/FCI20010111/ea3

LKK:

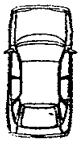
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/09/2020

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6937S

Claim No. : D20003773MFSH

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 16/092020

Place of Accident : STILL ROAD

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

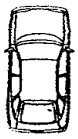
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

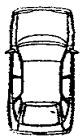
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

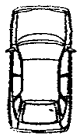
SKX 4822L → _____ → _____ → _____



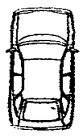
INSRS:
WSP: CDGE UBI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKX 4822L - X SHD 6937S -- 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: ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 6,350.00 (5 days)	Reduction: 57 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.01.21	Confirm with CECILIA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,794.50	OID MAKE A LEFT TURN INTO MAIN ROAD	
Loss of Rental (LOR): w/GST	S$ 470.80 (4 days)	X $110	
Loss of Use (LOU):	S$ 50.00 ($ 50 x 1 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☑ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ -		
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: $500
Total:	**S$** 7,315.30	**Global Sum S$:** 7,300.00	

FINAL PAYMENT	Date/Time: 26.01.21	Confirm with: CECILIA	Email ☐ Call ☐
Payee 1:	S$ 7,300.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	