15/5/2010

INS. CASE OWNER: CC3/AIG20010164/T1gs3 LKK: IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 21/09/2020 Date / Time : 22/09/2020

Registered in Merimen: 22/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 2412R Claim No. :

Name of Insured : Avo & Co Pte Ltd Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A :19/09/2020 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 8026G → → →

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

Date/ Time		STAGE	DATE / PIC
	SH 8026G : X	Non-Reporting ltr (1st):	
	GBH 2412R : CC6/EQI20002652/Uga3s2 ; DOA : 14/02/2020	Non-Reporting ltr (2nd):	
25/09/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	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:

Repair Cost: P/P S$ 4305.09 (2 days) Reduction: 501.42 % 10 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 16/09/2021 Confirm with KAZALI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4606.45 (W/GST)	
Loss of Rental (LOR):	S$ $158.09 (2.5 days) x $63.24 (COVID RELIEF)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 50.00 ($20 x 2.5 days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$	
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: $320.00
Total:	**S$** 4,814.54 **Global Sum S$:** 4,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$4,800.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	