15/5/2010

INS. CASE OWNER: CC3/AIG20010486/T1rs3

LKK:

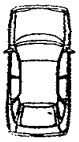
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 30/09/2020 Date / Time : 30/09/2020

Registered in Merimen: 30/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP 7280Y Claim No. :

Name of Insured : CHIN YEE FATT Policy No. :

Insured Tel No. : HP: Make / Model :

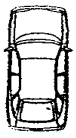
Excess Sec II :S$ D.O.A : 29/09/2020 Place of Accident :

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

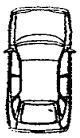
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

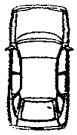
SHC 307E → → →



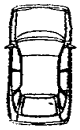
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 307E : NS/INC20006608/T1yf3e2 ; DOA : 22/06/2020	**STAGE**	**DATE / PIC**
	SKP 7280Y : X	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:
Repair Cost: P/P	S$ 2,091.82 (3 days)	Reduction: 26 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.12.2020	Confirm with KAZALI	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 2,238.25		
Loss of Rental (LOR): (w/GST)	S$ 375.57 (3 days)	x $125.19	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☑	[**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$** 2,765.82	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ 2,765.82	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	