15/5/2010

INS. CASE OWNER:

CC4/AIG20010775/Eba3

LKK:

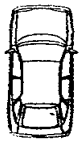
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 07/10/2020 Date / Time : 06/10/2020

Registered in Merimen: 06/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 8340A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

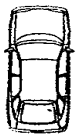
Excess Sec II :S$ D.O.A : 06/10/2020 14:25 Place of Accident : SHELFORD ROAD X DUNEARN ROAD

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

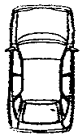
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

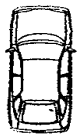
SH 6451A → → →



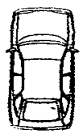
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMG 8340A - X		
	SH 6451A - CA/AIG11002668/r ; 13/02/2011	Non-Reporting ltr (1st):	
	CC3/AIG12019532/H1a2a3 ; 05/10/2012	Non-Reporting ltr (2nd):	
	CC3/CAI14001386/H1v1b3w2 ; 21/01/2014	Non-Reporting ltr (Final):	
	NJA/INC10009444/y1 ; 14/04/2010	Notification ltr (if non-pickup):	
	NS/INC16011612/H1th3n2 ; 20/06/2016	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 :	☑	☐
07/01/2021	SETTLED AND CLOSED / NO PHY FILE	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$ 1,821.70 (2 days)	Reduction: 11.21 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/01/2021	Confirm with KAZALI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,949.22		
Loss of Rental (LOR):	S$ 250.38 (2 days)	X $125.19	OI rear-ended TP
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x 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: $320.00
Total:	**S$** 2,201.60	**Global Sum S$:** 2,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,200.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	