LKK:

INS. CASE OWNER: CC4/AIG20011052/Ebs3   IDAC:

ASSIGNMENT

Surveyor:	**STEVE**	DOI: 13/10/2020	Date / Time : 13/10/2020
			Registered in Merimen: 13/10/2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SME 6474X**	Claim No. :
Name of Insured :	**KOH EN RUI, AARON**	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : **12/10/2020**	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
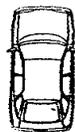
Driver Tel No. :   (V/L: **YES** / NO)   Insured Liability :   %   **Final ? Yes / No**

SHB 4387C ⟶

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

Date/ Time		STAGE	DATE / PIC
	SHB 4387C : CC4/III19006160/K1hb3q2 ; DOA : 03/04/2019	Non-Reporting ltr (1st):	
	SME 6474X :	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 :	✓	
10/03/2021	SETTLED AND CLOSED / NO PHY FILE	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$ **1,761.72** (**2** days) Reduction: **8.80** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **09/03/2021** 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$ **1,885.04**		
Loss of Rental (LOR):	S$ **252.94** (**2** days) x **$126.47**		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ **100.00** ($ **50** x **2** 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: **$320.00**	
Total:	S$ **2,239.98** Global Sum S$: **2,230.00**		

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ **2,230.00**	Name 1:	**COMFORTDELGRO ENGINEERING PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	