15/5/2010

INS. CASE OWNER: CC3/CTI20011230/Ees3

LKK:

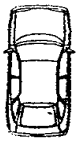
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 16/10/2020 Date / Time : 16/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PZ 1101J Claim No. :

Name of Insured : NOBLY TRANSPORT SERVICES Policy No. :

Insured Tel No. : HP: Make / Model :

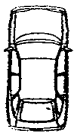
Excess Sec II :S$ D.O.A :15/10/2020 Place of Accident :

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

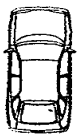
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

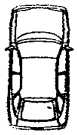
SHA 9326B → → →



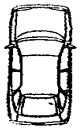
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 9326B : NA/INC09014313/r ; DOA : 27/06/2009	**STAGE** **DATE / PIC**
	PZ 1101J : 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: CTY
Repair Cost: L/S	S$ 1,200.00 (2 days)	Reduction: 51 %	Email Call
FINAL SETTLEMENT	Date/Time: 08.12.20	Confirm with CATHERINE	Email Cal
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : 30	If NO or B 28, Ass. Lia :
Repair Cost w/GST : $1,284	S$ 642.00	BOTH PARTY TURNING RIGHT	
Loss of Rental (LOR) $125.40	S$ 62.70 (1 days)	X $125.40	
Loss of Use (LOU): -	S$ - ($ x days)		
Loss of Income (LOI): $50	S$ 25.00 ($ 50 x 1 days)		
LOR only LOU only	LOR + LOU LOR + LO	[**Tick only one**]	
GIA/LTA Search $2.00	S$ 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: $400
Total: $1,461.40	**S$** 731.70	**Global Sum S$:** 750	

FINAL PAYMENT	Date/Time: 08.12.20	Confirm with: CATHERINE	Email Cal
Payee 1:	S$ 750.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	