15/5/2010

INS. CASE OWNER: CC4/AIG20011294/Egs3

LKK:

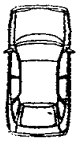
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 19/10/2020 Date / Time : 19/10/2020

Registered in Merimen: 19/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 5302M Claim No. :

Name of Insured : TAY HAI SONG Policy No. :

Insured Tel No. : HP: Make / Model :

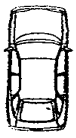
Excess Sec II :S$ D.O.A : 17/10/2020 Place of Accident :

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

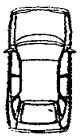
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

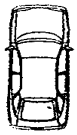
SHA 6614P → → →



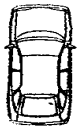
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 6614P : CC4/III16024109/Kub3q2 ; DOA : 07/12/2016	**STAGE** **DATE / PIC**
	SLC 5302M : 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: L/S	S$ 1250.00 (2 days)	Reduction: 2824.02 % 69	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/03/2021	Confirm with KAZALI	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,337.50 W/GST		
Loss of Rental (LOR):	S$ 221.34 (2 days)	x $110.67	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50.00 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: $320.00
Total:	**S$** 1660.84	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 1,660.84	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	