15/5/2010

INS. CASE OWNER: CC3/CTI20011475/Ees3

LKK:

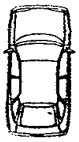
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 21/10/2020 Date / Time : 23/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : EM 9000M Claim No. :

Name of Insured : ECHAN STUDIO Policy No. :

Insured Tel No. : HP: Make / Model :

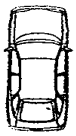
Excess Sec II :S$ D.O.A : 21/10/2020 Place of Accident :

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

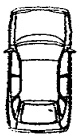
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

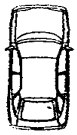
SHD 4900K → → →



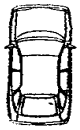
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 4900K : CC4/FCI20003423/Fda3s2 ; DOA : 26/02/2020	**STAGE** **DATE / PIC**
	EM 9000M : CS3/AXA14000784/Pbd1 ; DOA : 11/01/2014	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: P/P	S$ 1,772.66 (2 days)	Reduction: 31 %	Email Call
FINAL SETTLEMENT	Date/Time: 18.11.20	Confirm with CATHERINE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,896.75		
Loss of Rental (LOR):	S$ 187.79 (1.5 days)	x $125.19	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 75.00 ($ 50 x 1.5 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: $400
Total:	**S$** 2,161.54	**Global Sum S$:** 2,100.00	
FINAL PAYMENT	Date/Time: 18.11.20	Confirm with: CATHERINE	Email Cal

Payee 1:	S$ 2,100.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	