15/5/2010

INS. CASE OWNER: CC4/AIG20011612/Epa3

LKK:

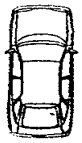
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 23.10.2020 Date / Time : 23.10.2020

Registered in Merimen: 26.10.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : S 1528CD Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

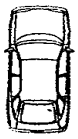
Excess Sec II :S$ D.O.A : 23/10/2020 09:30 Place of Accident : Battery Road - taxi stand

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

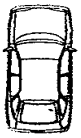
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

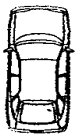
SHC 595P → → →



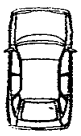
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 595P - CS/HSB08028694/Kbp ; 22.10.2008	**STAGE** **DATE / PIC**
	S 1528CD - 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: P/P	S$ 5,816.85 (3 days) Reduction: 27 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/3/2021 Confirm with KAZALI		Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 14A		If NO or B 28, Ass. Lia :
Repair Cost: 6,224.01	S$ 3,112.01		
Loss of Rental (LOR): 442.65	S$ 221.32 (3.5 days) x $126.47		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI): 175.00	S$ 87.5 ($50 x 3.5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.49		
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$** 3,428.32	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,428.32	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	