15/5/2010

INS. CASE OWNER:

CC4/AIG20012087/Ega3

LKK:

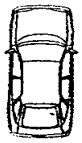
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 04/11/2020 Date / Time : 04/11/2020

Registered in Merimen: 04/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 458H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

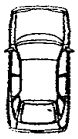
Excess Sec II :S$ D.O.A : 04/11/2020 10:00 Place of Accident :

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

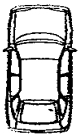
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

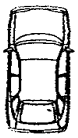
SHC 2202K → → →



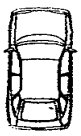
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 2202K - CC3/III16007791/Kzb3q2 ; 23/04/2016	Non-Reporting ltr (1st):	
	CC4/III18009122/M1ha3q2 ; 10/05/2018	Non-Reporting ltr (2nd):	
	CC4/III18010169/R1eb3q2 ; 26/05/2018	Non-Reporting ltr (Final):	
	CS/MSG15016284/H1qbn2 ; 24/09/2015	Notification ltr (if non-pickup):	
	GBF 458H - X	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$ $1,060.00 (2 days) Reduction: $3,196.68	% 75	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/04/2021	Confirm with KAZALI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,134.20 W/GST		
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 + 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: $320.00
Total:	**S$** 1,404.48	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 1,404.48	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		