

INS. CASE OWNER:

ASSIGNMENTSurveyor: **STEVE**DOI: **06/11/2020**Date / Time : **06/11/2020**Registered in Merimen: **06/11/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLF 9169P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/11/2020 15:45**Place of Accident : **CHANGI PRISON ENTRANE**

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****SH 7142K**INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SH 7142K - CC3/AIG09027271/Cn1q1g1 ; 02/12/2009	Non-Reporting ltr (1st):	
	CC4/III17005566/Kfb3q2 ; 19/03/2017	Non-Reporting ltr (2nd):	
	CC6/III17014720/Ayb3q2 ; 31/07/2017	Non-Reporting ltr (Final):	
	NA/INC13003790/e1 ; 25/02/2013	Notification ltr (if non-pickup):	
	NA/INC17014666/k4 ; 31/07/2017	Call OI:	
	NS/INC11003570/Fg1 ; 21/02/2011	After call ltr to OI:	
	NS/INC13003895/H1zd1 ; 25/02/2013	Documentation Check List: Handler Typist	
	NS/INC13020221/Ycby ; 26/10/2013	Notification ltr (if non-pickup)	☐
	SLF 9169P - X	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\$ \$2,050.00 (2 days) Reduction: \$679.96 % 25		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/09/2021 Confirm with KAZALI		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2,193.50			
Loss of Rental (LOR): S\$ 229.90 (2 days) x \$114.95			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 100.00 (\$ 50 x 2 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [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\$ 2,525.40 Global Sum S\$: 2,500.00			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 2,500.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		