15/5/2010

INS. CASE OWNER:

CC3/CTI20012528/Era3

LKK:

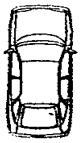
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 11/11/2020 Date / Time : 11/11/2020 19:00

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 1584R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

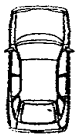
Excess Sec II :S$ D.O.A : 10/11/2020 12:00 Place of Accident :

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

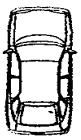
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

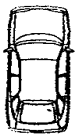
SHB 2888L → → →



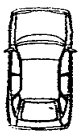
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 2888L - CC3/AIG09022394/Fn1q1k2 ; 03/10/2009 CC3/AIG13015864/Yst2q2 ; 26/08/2013 CS/FCI13024161/Yvm3k3 ; 19/12/2013 NS/INC13003034/H1qn ; 13/02/2013 SMA 1584R - X	**STAGE** **DATE / PIC** 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 3,158.72 (3 days) Reduction: 21 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/03/2021 Confirm with CATHERINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,379.83	
Loss of Rental (LOR):	S$ 375.57 (3 days) x $125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 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: 400.00
Total:	**S$** 3,907.40 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,907.40	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	