15/5/2010

INS. CASE OWNER:

CC4/AIG20013874/T1ba3

LKK:

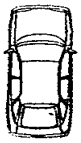
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 16/12/2020 Date / Time : 15/12/2020

Registered in Merimen: 15/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 1067H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

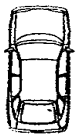
Excess Sec II :S$ D.O.A : 14/12/2020 15:25 Place of Accident : 143 MOULMEIN ROAD

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

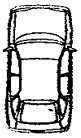
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

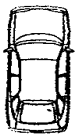
SHA 1251K → → →



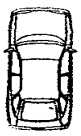
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 1251K - CC3/III18008858/Kja3q2 ; 09/05/2018	
	CC3/TMI16007568/H1th3c2 ; 22/04/201	
	CC4/AIG20012934/Eba3 ; 21/11/2020	
	NS/INC11003980/Dr1 ; 24/02/2011	
	SMQ 1067H - X	
10/05/2021	SETTLED AND CLOSED / NO PHY FILE	

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$ 940.00 (2 days) Reduction: 50.20 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/05/2021 Confirm with KAZALI Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,005.80	
Loss of Rental (LOR):	S$ 501.60 (4 days) x $125.40	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	**S$** 1,709.40 **Global Sum S$:** 1,700.00	

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

Payee 1:	S$ 1,700.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	