15/5/2010

INS. CASE OWNER: CC4/AIG20014328/T1ga3

LKK:

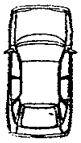
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/12/2020 Date / Time : 22/12/2020

Registered in Merimen: 23/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGS 2118Z Claim No. :

Name of Insured : MAS ROMAND BIN ROHIN Policy No. :

Insured Tel No. : HP: Make / Model :

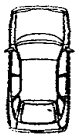
Excess Sec II :S$ D.O.A : 18/12/2020 16:00 Place of Accident : 353 TANGLIN ROAD

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

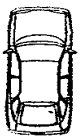
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

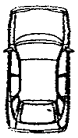
SHD 3284L →



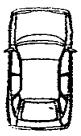
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 3284L - CC3/AXA12011082/H1rdc3 ; 01/06/2012
	CC3/III18020526/K1eb3q2 ; 12/11/2018
	SGS 2118Z - CC3/AXA11002244/Un3b3 XX ; 29.01.2011

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$ 480.00 (2 days) Reduction: $1,384.56 % 74 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/11/2021 Confirm with OLIVIA Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 513.60 W/GST	
Loss of Rental (LOR):	S$ 344.85 (3 days) x $114.95	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 150.00 ($ 50.00x 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: $320.00
Total:	**S$** 1,010.45 **Global Sum S$:** 1,000.00	

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

Payee 1:	S$ 1,000.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	