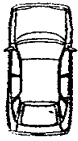


INS. CASE OWNER:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 28/12/2020 Date / Time : 28/12/2020
 Registered in Merimen: 29/12/2020

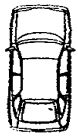
Pre-assign / CCU / FTE



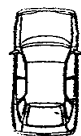
Insured Vehicle No. : SKT 1933R Claim No. : _____
 Name of Insured : LEE YI PENG, GILBERT Policy No. : 1800142574
 Insured Tel No. : _____ HP: _____ Make / Model : Mercedes Glc250
Excess Sec II :S\$ _____ D.O.A : 26/12/2020 15:25 Place of Accident : SLIP RD HOUGANG AVE 9
 Is driver the owner? (YES / NO) Nature of Accident : TWDS YIO CHU KANG RD

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**

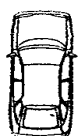
SHB 6635Z



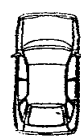
INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 6635Z - CC3/AXA11008132/H1q1c3k2 ; 27.04.2011	Non-Reporting ltr (1st):	
	SKT 1933R - X	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: MTH
Repair Cost: P/P S\$ 6,697.84 (4 days) Reduction: 48 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 07.07.21 Confirm with KAZALI		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 7,166.69		OI REAR ENDED TP	
Loss of Rental (LOR): S\$ 1,064.12 (8.5 days) X \$125.19			
Loss of Use (LOU): S\$ - (\$ - x - days)			
Loss of Income (LOI): S\$ 425.00 (\$ 50 x 8.5 days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [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	
Total: S\$ 8,657.81		Global Sum S\$: 8,650.00	
FINAL PAYMENT Date/Time: 07.07.21 Confirm with: KAZALI		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 8,650.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		