15/5/2010

INS. CASE OWNER:

CC3/CTI20014669/T1ra3

LKK:

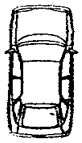
IDAC:

ASSIGNMENT

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

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 6726R Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

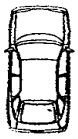
Excess Sec II :S$ D.O.A : 22/12/2020 07:40 Place of Accident :

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

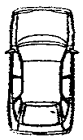
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

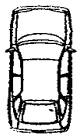
SHA 1619J → → →



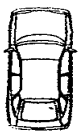
INSRS:
WSP: CDGE
Tel :
Liability : LOYANG
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 1619J - CC3/AIG14006075/H1sb3c3; 28/03/2014 CC3/EQI17017403/K1yb3q2 ; 06/09/2017 CC3/FCI16002602/Kvbn2 ; 04/02/2016 CC3/FCI16004931/Kqh3c2 ; 12/03/2016 CC4/III18016733/Dfb3q2 ; 11/09/2018 CS/QW18015612/K1vbs2 ; 25/08/2018 NS/INC10003259/Cr1 ; 15/02/2010	**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:
	GBB 6726R - X	**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: L/SUM S$ 5,450.00 (4 days) Reduction: 58 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/5/2021 Confirm with CATHERINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,831.50	
Loss of Rental (LOR):	S$ 689.70 (6 days) x $114.95	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.49	
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$** 6,828.69 **Global Sum S$:**	

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

Payee 1:	S$ 6,828.69	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	