15/5/2010

INS. CASE OWNER:

CC3/CTI20014674/T1ra3

LKK:

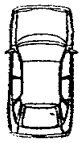
IDAC:

ASSIGNMENT

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

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 2824S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

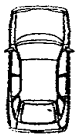
Excess Sec II :S$ D.O.A : 21.12.2020 17:50 Place of Accident : BEDOK CENTRAL, SINGAPORE

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

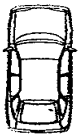
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

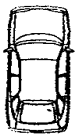
SHC 2919B → → →



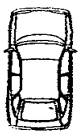
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 2919B - CC3/AIG11018788/H1a2a3z1 ; 12/09/2011	**STAGE** **DATE / PIC**
	CC3/AIG13019261/H1sa3q2 ; 12/10/2013	Non-Reporting ltr (1st):
	CS3/FCI13019171/Evm3d1 ; 12/10/2013	Non-Reporting ltr (2nd):
	NA/CTI20014353/r3 ; 22/12/2020	Non-Reporting ltr (Final):
	NS/INC14007005/Svm3k3 ; 12/04/2014	Notification ltr (if non-pickup):
	SLH 2824S - NA/CTI20014353/r3 ; 22.12.2020	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$ 1,293.40 (2 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19.4.2021 Confirm with CATHERINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,383.94	
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$ 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$** 1,917.00 **Global Sum S$:**	

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

Payee 1:	S$ 1,917.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	