15/5/2010

INS. CASE OWNER:

CC4/AIG20014688/T1pa3

LKK:

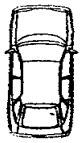
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 29/12/2020 Date / Time : 29/12/2020

Registered in Merimen: 29/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDR 2565G

Name of Insured : DENNIS YEE CHEE CHIEN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24/12/2020 12:42

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : 2100504338

Make / Model : Audi A4

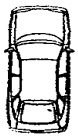
Place of Accident : Pickering street junction to China street

Nature of Accident :

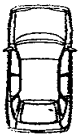
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

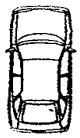
SHB 6260X → → →



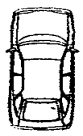
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 6260X - CS/FCI17014733/M1qbn2 ; 27/07/2017
	CS/HSB10018855/Fqg1 ; 20/09/2010
	NS/INC10016839/Fn ; 23/08/2010
	SDR 2565G - X
02/08/2021	Pls refer to VIEWS for details.

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$ 924.92 (2 days) Reduction: 75 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/08/2021 Confirm with Kazali Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 989.66

Loss of Rental (LOR): S$ 252.94 (2 days) x S$126.47

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 100.00 ($ 50 x 2 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]

GIA/LTA Search S$ 2.00

Medical: S$

Disbursement: S$ (e.g. Tow/ Independent)

Legal Cost S$

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $320.00

Total: **S$** 1,344.60 **Global Sum S$:** 1,300.00

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

Payee 1:	S$ 1,300.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	