15/5/2010

INS. CASE OWNER:

CC3/CTI21000382/T1ea3

LKK:

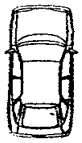
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 04/01/2021 Date / Time : 04/01/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 6871E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

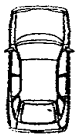
Excess Sec II :S$ D.O.A : 30/12/2020 15:00 Place of Accident : PANDAN FLYOVER

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

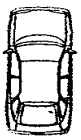
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

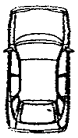
SHD 7186K → → →



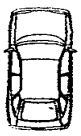
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 7186K - CS/FCI17000745/Ktbn2 ; 18/12/2016	Non-Reporting ltr (1st):	
	NA/CTI21000015/Y ; 30/12/2020	Non-Reporting ltr (2nd):	
	NBA/MSG19003894/Y ; 28/02/2019	Non-Reporting ltr (Final):	
	NS/INC16023130/H1qbm2 ; 01/12/2016	Notification ltr (if non-pickup):	
	SLC 6871E - NA/CTI21000015/Y L 30.12.2020	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: MTH

Repair Cost: L/S S$ 1,200.00 (2 days) Reduction: 51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02.03.21 Confirm with CATHERINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,284.00 OID CHANGED LANE	REAR ENDED TP
Loss of Rental (LOR):	S$ 553.35 (5 days) X $110.67	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 250.00 ($ 50 x 5 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: $400
Total:	**S$** 2,094.84 **Global Sum S$:** 2,090.00	

FINAL PAYMENT Date/Time: 02.03.21 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 2,090.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	