15/5/2010

INS. CASE OWNER:

CC3/CTI21000881/T1ea3

LKK:

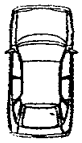
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 18/01/2021 Date / Time : 18/01/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 2491H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

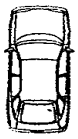
Excess Sec II :S$ D.O.A : 16/01/2021 16:20 Place of Accident :

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

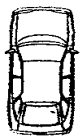
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

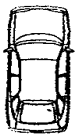
SHA 3125D → → →



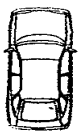
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 3125D - CC3/AXA13011234/H1py3y ; 19/06/2013 CC3/EQI14022452/H1ke3w2 ; 29/11/2014 CS/INC09004776/Yn ; 19/03/2009 CS3/III12000674/Nqtm ; 07/02/2012 GBD 2491H - X	**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: MTH
Repair Cost: P/P	S$ 775.00	(2 days) Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04.03.21	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 14	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 829.25	OID MOVE OUT FROM STATIONARY	
Loss of Rental (LOR):	S$ 187.79	(1.5 days) X $125.19	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 75.00	($ 50 x 1.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [**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: $400
Total:	**S$** 1,094.04	**Global Sum S$:** 1,090.00	

FINAL PAYMENT	Date/Time:	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S$ 1,090.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	