LKK:

IDAC:

INS. CASE OWNER:

CC4/AIG21001137/T1ba3

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **25/01/2021**   Date / Time : **25/01/2021**

Registered in Merimen: **25/01/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKX 9919J**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : **24/01/2021 00:25**	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**

SHC 2501Y →

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

Date/ Time		STAGE	DATE / PIC
	SHC 2501Y - CA/AIG11002182/r ; 03/02/2011	Non-Reporting ltr (1st):	
	NS/INC19022543/Ftf3s2 ; 21/12/2019	Non-Reporting ltr (2nd):	
	SKX 9919J - X	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 : ☑ ☐
13/10/2021	**SETTLED AND CLOSED / NO PHY FILE**	Medical Bill: ☐ ☐
		PIR: ☐ ☐
		Mandate/Reject Instruction: ☑ ☐
		LOD ☑ ☐
		Payment Breakdown Form: ☐

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: **P/P** S$ **699.25** (**2** days) Reduction: **45.12** %		Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **09/10/2021**   Confirm with: **KAZALI**   Email ☑ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) S$ **748.20**		
Loss of Rental (LOR): S$ **379.41** (**3** days) **X $126.47**		**OID reversed.**
Loss of Use (LOU): S$ ($ 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$ **2.00**		
Medical: S$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S$ (e.g. Tow/ Independent)		2) Report Format: **TP**
Legal Cost S$ **1,279.61** **1,250.00**		3) Survey fee: **$320.00**
Total: S$ **1,279.61** Global Sum S$: **1,250.00**		

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

Payee 1: S$ **1,250.00**	Name 1: **ComfortDelGro Engineering Pte Ltd**
Payee 2: (Strike if N.A.) S$	Name 2:
Payee 3: (Strike if N.A.) S$	Name 3: