LKK:
IDAC:

CC4/AIG21002499/Nba3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **NAZ** DOI: **23/02/2021** Date / Time : **23/02/2021**

Registered in Merimen: **23/02/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBG 8377A** Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : **22.02.2021 14:25** 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**

SHA 3891A → → →

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

Date/ Time		STAGE	DATE / PIC
	SHA 3891A - CC4/FWD18008830/Dea3q2 ; 11/05/2018	Non-Reporting ltr (1st):	
	NA/FWD18008667/h4 ; 11/05/2018	Non-Reporting ltr (2nd):	
	NS/INC10020875/Dr1 ; 16/10/2010	Non-Reporting ltr (Final):	
	GBG 8377A - X	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:	✓	
10/08/2021	**SETTLED AND CLOSED / NO PHY FILE**	Towing Invoice		
		LTA / GIA :	✓	
		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$ **5,476.44** (**3** days) Reduction: **6.01** %		Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time: **06/08/2021** 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$ **5,859.79**		
Loss of Rental (LOR):	S$ **625.95** (**5** days) **X $125.19**		
Loss of Use (LOU):	S$ ($ 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: **$320.00**	
Total:	S$ **6,743.23** Global Sum S$: **6,700.00**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S$ **6,700.00**	Name 1: **ComfortDelGro Engineering Pte Ltd**		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		