15/5/2010

INS. CASE OWNER:

CC4/AIG21003046/T1ga3

LKK:

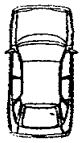
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 09/03/2021 Date / Time : 08/03/2021

Registered in Merimen: 08/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SFW 3322J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

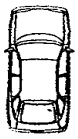
Excess Sec II :S$ D.O.A : 08/03/2021 10:15 Place of Accident : BEDOK NORTH ROAD BEFORE PIE

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

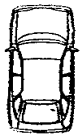
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

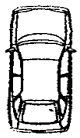
GBH 8047Y → GBD 8035C → SFW 3322J → SHA 9832G



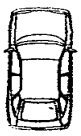
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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

Date/ Time		
	SHA 9832G - NA/INC10025120/w1 ; 04.12.2010	**STAGE** **DATE / PIC**
	SFW 3322J - CC3/AIG12012412/Rfm ; 24/06/2012	Non-Reporting ltr (1st):
	CC6/AIG12012368/Ust2y ; 24/06/2012	Non-Reporting ltr (2nd):
	NA/AIG12012388/e1 ; 24/06/2012	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ $685.00 (2 days) Reduction: $1,290.12 % 65		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/11/2021	Confirm with olivia	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 732.95	W/GST	
Loss of Rental (LOR):	S$ 375.57 (3 days)	x $125.19	C.C (OI 2ND)
Loss of Use (LOU):	S$ ($ 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$		3) Survey fee: $320.00
Total:	**S$** 1,260.52	**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:	