15/5/2010

INS. CASE OWNER:

CC3/CTI21003809/T1ra3

LKK:

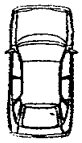
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/03/2021 Date / Time : 23/03/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 351K Claim No. :

Name of Insured : Policy No. :

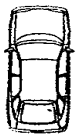
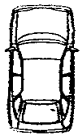
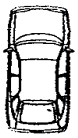
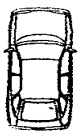
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 20/03/2021 15:10 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**

SMT 9993R →	SFT 718L →	GBJ 351K →	SHD 3601E
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: CDGE LOYANG
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time		STAGE	DATE / PIC
	SHD 3601E - CC3/AIG11013787/H1sa3k2 ; 10/07/2011	Non-Reporting ltr (1st):	
	CC3/CTI18019436/K1jb3n2 ; 24/10/2018	Non-Reporting ltr (2nd):	
	CC3/III20003607/Kgs3q2 ; 02/03/2020	Non-Reporting ltr (Final):	
	CC3/TMI19012937/K1td3n2 ; 19/07/2019	Notification ltr (if non-pickup):	
	GBJ 351K - NA/CTI21003678/h4 ; 20.03.2021	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:

Repair Cost: L/SUM S$ 6,450.00 (4 days) Reduction: 45 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/8/2021 Confirm with CATHERINE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$6,901.50	
Loss of Rental (LOR):	S$627.00 (5 days) x $125.40	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$100.00 ($50 x 2 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 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: 400.00
Total:	**S$** 7,630.50 **Global Sum S$:**	

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

Payee 1:	S$ 7,630.50	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	