15/5/2010

INS. CASE OWNER:

CC4/LPC21004851/Tea3q2

LKK:

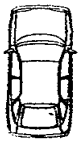
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 19/04/2021 Date / Time : 19/04/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 883M Claim No. : 21/21/21/VC00/024464

Name of Insured : Policy No. : Z/21/VC00/109615

Insured Tel No. : HP: Make / Model :

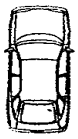
Excess Sec II :S$ D.O.A : 15/04/2021 14:00 Place of Accident :

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

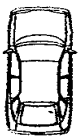
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

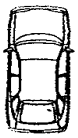
SHC 8551M → → →



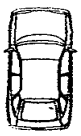
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 8551M - CC4/III19016429/R1ga3q2 ; 13/09/2019	**STAGE** **DATE / PIC**
	NJA/INC08017982/y1 ; 20/06/2008	Non-Reporting ltr (1st):
	YP 883M - X	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: ☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 1,350.00 (2 days) Reduction: 66 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.09.22	Confirm with OLIVIA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,444.50	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 574.75 (5 days) x $114.95		
Loss of Use (LOU):	S$ - ($ 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$ 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: $400
Total:	**S$** 2,271.25	**Global Sum S$:** 2,270.00	

FINAL PAYMENT	Date/Time: 06.09.22	Confirm with: OLIVIA	Email ☐ Call ☐
Payee 1:	S$ 2,270.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	