15/5/2010

INS. CASE OWNER:

CC4/AIG21005043/Tea3

LKK:

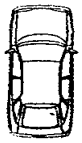
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/04/2021 Date / Time : 22/04/2021

Registered in Merimen: 22/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SBV 6363Z

Name of Insured : LIM SWEE HUA

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 20/04/2021 20:09

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

Claim No. : 5993028740SG

Policy No. : 2070172323

Make / Model : Audi Q3

Place of Accident : CRAWFORD, RIGHT TURN JUNCTION TO NORTH BRIDGE ROAD.

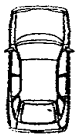
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

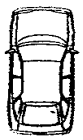
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

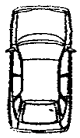
SHD 3211Y → → →



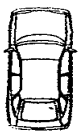
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD3211Y - CC3/AIG14005606/M1sa3q2 ; 20/03/2014	**STAGE**	**DATE / PIC**
	CS3/III20012509/Gqf3e2 ; 12/11/2020	Non-Reporting ltr (1st):	
	NA/INC10025824/w1w1 ; 23/12/2010	Non-Reporting ltr (2nd):	
	NS/INC10026007/Dr1 ; 23/12/2010	Non-Reporting ltr (Final):	
	NS/INC12003918/H1fn ; 11/06/2012	Notification ltr (if non-pickup):	
	SBV 6363Z - X	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$ 2,800.00 (3 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30.05.22	Confirm with JIM	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,996.00	OI CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ 332.01 (3 days)	x $110.67	
Loss of Use (LOU):	S$ - ($ 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: $320
Total:	**S$** 3,480.01	**Global Sum S$:** 3,480.00	

FINAL PAYMENT	Date/Time: 30.05.22	Confirm with: JIM	Email ☐ Call ☐
Payee 1:	S$ 3,480.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	