15/5/2010

INS. CASE OWNER: CC3/CTI21005176/T1es3

LKK:

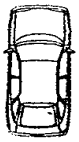
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 31/03/2021 Date / Time : 27/04/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 6183J Claim No. :

Name of Insured : FLUX MOTOR RENTAL PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

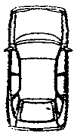
Excess Sec II :S$ D.O.A : 27/03/2021 Place of Accident :

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

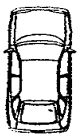
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

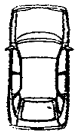
SHD 4264M → → →



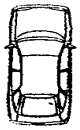
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 4264M : X ; GBK 6183J : X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		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:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: P/P	S$ 1,575.12 (2 days)	Reduction: 17 %	Email Call
FINAL SETTLEMENT	Date/Time: 02.07.21	Confirm with CATHERINE	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,685.38	OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 438.17 (3.5 days)	X $125.19	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ✓ LOU only	LOR + LOU	LOR + LO [**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: $400
Total:	**S$** 2,131.04	**Global Sum S$:** 2,100.00	
FINAL PAYMENT	Date/Time: 02.07.21	Confirm with: CATHERINE	Email Cal
Payee 1:	S$ 2,100.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	