15/5/2010

INS. CASE OWNER:

CC4/AIG21005429/R1ra3

LKK:

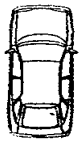
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 04/05/2021 Date / Time : 04/05/2021

Registered in Merimen: 04/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 2483B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

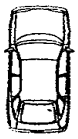
Excess Sec II :S$ D.O.A : 02.05.2021 10:15 Place of Accident : UPPER THOMSON RD

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

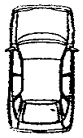
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

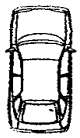
SHA 4011S → → →



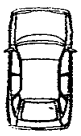
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 4011S - CC3/CTI17011485/K1za3n2 ; 08/06/2017	**STAGE**	**DATE / PIC**
	CC3/LCR17004886/H1zg3q2 ; 09/03/2017	Non-Reporting ltr (1st):	
	CC4/AXA10021521/Dq1fq2 ; 21/10/2010	Non-Reporting ltr (2nd):	
	CC4/III20014011/R1pa3 ; 25/11/2020	Non-Reporting ltr (Final):	
	CS3/ASM21004824/Etc ; 14/04/2021	Notification ltr (if non-pickup):	
	NA/INC08030732/r ; 03/11/2008	Call OI:	
	SMW 2483B - X	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: L/SUM	S$ 2,500.00 (4 days) Reduction: 17 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 7/10/2021 Confirm with JIM		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,407.50		
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: 320.00
Total:	**S$** 2,891.51	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,891.51	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	