15/5/2010

INS. CASE OWNER: CC4/AIG21005669/Npa3

LKK:

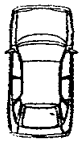
IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 10.05.2021 Date / Time : 10.05.2021

Registered in Merimen: 10.05.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMT 460X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

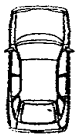
Excess Sec II :S$ D.O.A : 07.05.2021 18:35 Place of Accident :

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

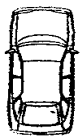
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

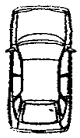
SHC1909L → → →



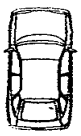
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 1909L - CC4/FCI19021773/Ada3q2 ; 01/12/2019	**STAGE** **DATE / PIC**
	CC4/FCI20011086/Aga3q2 ; 12/10/2020	Non-Reporting ltr (1st):
	CS/FCI14013775/Kvm3k3 ; 16/07/2014	Non-Reporting ltr (2nd):
	CS/FCI17002404/Ugh3n2 ; 03/02/2017	Non-Reporting ltr (Final):
	NA/INC17002198/s4 ; 03/02/2017	Notification ltr (if non-pickup):
	SMT 460X - CC6/AIG20013636/Aba3 ; 07.05.2021	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
12/01/2022	Pls refer to VIEWS for details.	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: P/P	S$ 1,890.64 (3 days) Reduction: 31 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/01/2022	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$ 2,022.98		
Loss of Rental (LOR):	S$ 500.76 (4 days)	x S$125.19	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $320.00
Total:	**S$** 2,725.74	**Global Sum S$:** 2,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐	
Payee 1:	S$ 2,700.00	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		