

INS. CASE OWNER:

CC4/AIG21005673/Nra3

IDAC:

ASSIGNMENTSurveyor: NAZDOI: 10/05/2021Date / Time : 10/05/2021Registered in Merimen: 10/05/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJK 885L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 07/05/2021

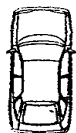
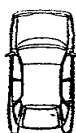
Place of Accident : _____

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**SHA 88YINSRS:
WSP: **CDGE**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
	SHA 88Y - X	SJK 885L - X	Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			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 2,428.28 (3 days) Reduction: 27 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 11/2/2022 Confirm with JIM		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 2,598.26			
Loss of Rental (LOR):	\$S 513.60 (4 days) x \$128.40			
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 3,313.86	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$S 3,313.86	Name 1:	ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		