15/5/2010

INS. CASE OWNER:

~~CC4/LPC21005796/Uba3~~

LKK:

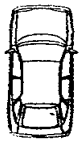
IDAC:

ASSIGNMENT CC4/LPC21005796/Upa3q2

Surveyor: MARCUS DOI: 14/05/2021 Date / Time : 14/05/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 580S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

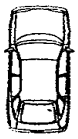
Excess Sec II :S$ D.O.A : 12.05.2021 12:20 Place of Accident :

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

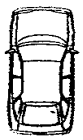
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

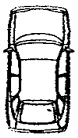
SLL 2512K → GBE 580S → SHC 2038T →



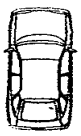
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



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



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 2038T - CS/FCI18005476/Atd3n2 ; 14/03/2018	**STAGE** **DATE / PIC**
	CS/FCI19016477/Kqd3n2 ; 15/09/2019	Non-Reporting ltr (1st):
	CS/INC19016484/Dvd3n2 ; 15/09/2019	Non-Reporting ltr (2nd):
	GBE 580S - NA/INC17019370/k4 ; 10.10.2017	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
31/10/2021	Pls refer to VIEWS for details.	**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: P/P	S$ 6,473.08 (4 days) Reduction: 44 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/10/2021	Confirm with Kazali	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost: w/GST	S$ 6,926.20		
Loss of Rental (LOR):	S$ 751.14 (6 days)	x $125.19	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 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: $400.00
Total:	**S$** 7,979.34	**Global Sum S$:** 7,950.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7,950.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	