15/5/2010

INS. CASE OWNER: CC4/AIG21005798/Ura3

LKK:

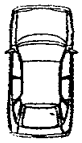
IDAC:

ASSIGNMENT

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

Registered in Merimen: 14/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 8889H Claim No. :

Name of Insured : WONG GARLAND MING Policy No. :

Insured Tel No. : HP: Make / Model :

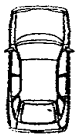
Excess Sec II :S$ D.O.A : 11/05/2021 22:48 Place of Accident : 57 UPPER SERANGOON VIEW

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

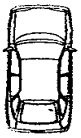
If **NO**, Driver Name / Age : KAYLA FAITH SEAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

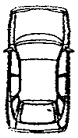
SHC 2531K → → →



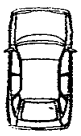
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 2531K - CC4/III16009731/Upb3n2 ; 25.05.2016	**STAGE**	**DATE / PIC**
	SGP 8889H - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 1,757.22 (3 days) Reduction: 46 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 6/12/2021 Confirm with JIM		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 16		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,880.23		
Loss of Rental (LOR):	S$ 652.70 (5 days) x $130.54		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 50 x 5 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$** 2,784.93 **Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,784.93	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	