15/5/2010

INS. CASE OWNER: CC4/AIG21006094/Nra3

LKK:

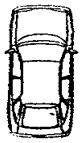
IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 24/05/2021 Date / Time : 24/05/2021

Registered in Merimen: 24/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKE 815J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

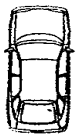
Excess Sec II :S$ D.O.A : 22.05.2021 09:40 Place of Accident : CANTONMENT LINK

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

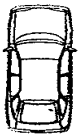
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

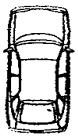
SHC 7668S →



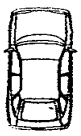
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 7668S - CS/MSG17015735/T1vbe2 ; 14/08/2017 CS3/FCI18009273/R1z4d3s2 ; 17/05/2018 CS3/FCI18010204/Gz4bs2 ; 28/05/2018 NA/INC14020989/b4 ; 07/11/2014	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SKE 815J - X	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$ 2,307.12 (3 days) Reduction: 53 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/11/2021 Confirm with JIM		Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,468.62	S$ 1,234.31		
Loss of Rental (LOR) 751.14	S$ 375.57 (6 days) x $125.19		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI) 300.00	S$ 150.00 ($ 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: 320.00
Total:	**S$** 1,761.88 **Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,761.88	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	