15/5/2010

INS. CASE OWNER:

CC4/AIG21006506/Nra3

LKK:

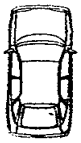
IDAC:

ASSIGNMENT

Surveyor: NAZ DOI: 08/06/2021 Date / Time : 08/06/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMX 7216T

Name of Insured : WAN CHEE WAI DONNA GERALDINE

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 06/06/2021 17:00

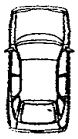
Place of Accident : FILTER LANE FROM TPE INTO PUNGGOL ROAD

Nature of Accident :

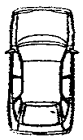
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

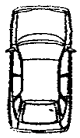
SHC 3431J → → →



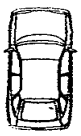
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 3431J - CC4/III18007897/Uub3q2 ; 17/04/2018	**STAGE** **DATE / PIC**
	CS/TMI13015689/Ygd1 ; 23/08/2013	Non-Reporting ltr (1st):
	NS/INC10017409/Dr1 ; 26/08/2010	Non-Reporting ltr (2nd):
	NS/INC17024063/K1tbe2 ; 16/12/2017	Non-Reporting ltr (Final):
	SMX 7216T - 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$ 1,471.12 (2 days) Reduction: 25 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/11/2021 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$ 1,574.10		
Loss of Rental (LOR):	S$ 312.98 (2.5 days) x $ 125.19		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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$** 2,014.08	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,014.08	Name 1:	ComfortDelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	