15/5/2010

INS. CASE OWNER: CC4/AIG21006771/T1ga3

LKK:

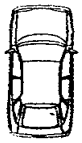
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 17/06/2021 Date / Time : 16/06/2021

Registered in Merimen: 16/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 1716E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

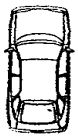
Excess Sec II :S$ D.O.A : 16/06/2021 08:25 Place of Accident : BENDEMEER RD

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

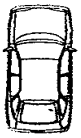
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

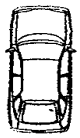
SHA 2202X → → →



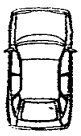
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 2202X - CC3/III18022850/Kpb3q2 ; 16/12/2018	**STAGE**	**DATE / PIC**
	CC4/LCR18008253/Dja3q2 ; 02/05/2018	Non-Reporting ltr (1st):	
	CS/FCI18022723/Dqbn2 ; 16/12/2018	Non-Reporting ltr (2nd):	
	SMJ 1716E - X	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$ $2,158.24 (2 days) Reduction: $641.68	% 23	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/11/2021	Confirm with JIM	Email ☑ Call ☐
Final Liability:	% 80 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: 2309.32	S$ 1,847.46 W/GST		
Loss of Rental (LOR) 500.76	S$ 400.61 (4 days) x 125.19		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI) 200.00	S$ 160.00 ($ 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: $320.00
Total:	**S$** 2,410.07	**Global Sum S$:** $2,400.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ $2,400.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	