15/5/2010

INS. CASE OWNER:

CC4/AIG21006818/T1pa3

LKK:

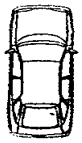
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 18/06/2021 Date / Time : 18/06/2021

Registered in Merimen: 18/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 3277D Claim No. :

Name of Insured : AMELIA SANTOSA Policy No. : 1800149049

Insured Tel No. : HP: Make / Model : Audi A4

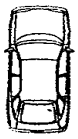
Excess Sec II :S$ D.O.A : 17/06/2021 11:00 Place of Accident : Outram Rd, Singapore 169608

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

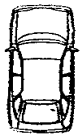
If **NO**, Driver Name / Age : TEO JIN YAO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

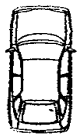
SHD 7295D → → →



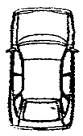
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 7295D - CC4/AIG20007178/Dpa3q2 ; 08/07/2020 CC4/AIG20010760/Epa3q2 ; 05/10/2020 CS/TMI21002468/Gqf3n2 ; 22/02/2021	**STAGE** **DATE / PIC**
	SJE 3277D - X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
23/08/2021	Pls refer to VIEWS for details.	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$ 1,454.90 (2 days) Reduction: 61 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/08/2021	Confirm with Jim	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,556.74		
Loss of Rental (LOR):	S$ 442.65 (3.5 days) x S$126.47		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($ 50 x 3.5 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: $320.00
Total:	**S$** 2,176.39	**Global Sum S$:** 2,100.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$2,100.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	