15/5/2010

INS. CASE OWNER:

CC4/CTI21006930/Nes3

LKK:

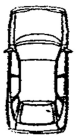
IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 22/06/2021 Date / Time : 22/06/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 9319R Claim No. :

Name of Insured : Lee Boon Leng Policy No. :

Insured Tel No. : HP: Make / Model :

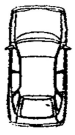
Excess Sec II :S$ D.O.A : 21/06/2021 Place of Accident :

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

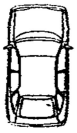
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

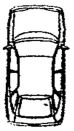
SHC 1613P → → →



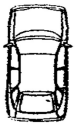
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 1613P : CC3/AIG16007761/H1pa3s2 ; DOA : 24/04/2016	**STAGE** **DATE / PIC**
	SMJ 9319R : 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: NAZ
Repair Cost: P/P	S$ 1,269.80	(2 days) Reduction: 29 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07.09.21	Confirm with CATHERINE	Email ☐ Cal ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,358.69	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 250.38	(2 days) x $125.19	
Loss of Use (LOU):	S$ -	($ x days)	
Loss of Income (LOI):	S$ 100.00	($ 50 x 2 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: $400
Total:	**S$** 1,711.07	**Global Sum S$:** 1,700.00	
FINAL PAYMENT	Date/Time: 07.09.21	Confirm with: CATHERINE	Email ☐ Cal ☐

Payee 1:	S$ 1,700.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	