15/5/2010

INS. CASE OWNER: CC3/CTI21007155/R1ea3

LKK:

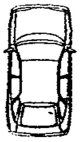
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 28/06/2021 Date / Time : 28/06/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 1430B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

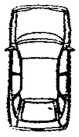
Excess Sec II :S$ D.O.A : 25/06/2021 23:35 Place of Accident : KIM KEAT LINK

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

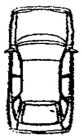
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

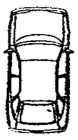
SH 8535D → → →



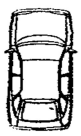
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 8535D - NBA/INC19018092/Y; 11/10/2019 NS/INC16020616/H1gh3m2; 28/10/2016 SLH 1430B - X

STAGE	DATE / PIC
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: MRB

Repair Cost: P/P S$ 2,435.16 (4 days) Reduction: 32 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04.10.21 Confirm with CATHERINE Email ☐ Call ☐

Final Liability:	100	% 50 (Agreed / Assessed) BOLA S/N No. : 16a	If NO or B 28, Ass. Lia :
Repair Cost:	w/GST: $2,605.62	S$ 1,302.81	BOTH PARTY STRADDING LANE
Loss of Rental (LOR):	$375.57	S$ 187.78 (3 days) X $125.19	
Loss of Use (LOU):	-	S$ - ($ x days)	
Loss of Income (LOI):	$150	S$ 75.00 ($ 50 x 3 days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☑ [**Tick only one**]
GIA/LTA Search	$2.00	S$ 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:	$3,133.19	**S$** 1,567.59	**Global Sum S$:**

FINAL PAYMENT Date/Time: 04.10.21 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 1,567.59	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	