15/5/2010

INS. CASE OWNER: CC4/AIG21007561/T1pa3

LKK:

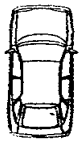
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 13/07/2021 Date / Time : 12/07/2021

Registered in Merimen: 12/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 5305A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

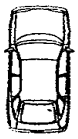
Excess Sec II :S$ D.O.A : 10/07/2021 13:28 Place of Accident : 22 Hougang Street 21

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

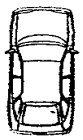
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

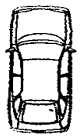
SHC 1465A → → →



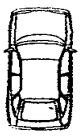
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 1465A - CC3/III16017164/R1ub3q2 ; 13/09/2016	**STAGE** **DATE / PIC**
	CC4/III18020970/Apa3q2 ; 15/11/2018	Non-Reporting ltr (1st):
	CS/RSI09014155/Ybg1 ; 25/06/2009	Non-Reporting ltr (2nd):
	NA/INC11005885/w1 ; 30/03/2011	Non-Reporting ltr (Final):
	SKK 5305A - X	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
18/02/2022	Pls refer to VIEWS for details.	**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:
Repair Cost: P/P	S$ 1,514.90 (2 days)	Reduction: 22 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/02/2022	Confirm with Jim	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,620.94		
Loss of Rental (LOR):	S$ 379.41 (3 days)	x $126.47	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$150.00 ($ 50 x 3 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: $320.00
Total:	**S$** 2,152.35	**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:	