15/5/2010

INS. CASE OWNER: CC4/AIG21007754/Tpa3

LKK:

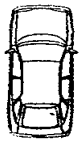
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 21/07/2021 Date / Time : 19/07/2021

Registered in Merimen: 19/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKK 6833K Claim No. : 7598312502SG

Name of Insured : Policy No. : 1700003921

Insured Tel No. : HP: Make / Model :

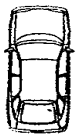
Excess Sec II :S$ D.O.A : 1707//2021 08:53 Place of Accident :

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

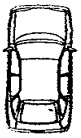
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

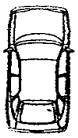
SHC 2375U → → →



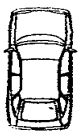
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 2375U - CC3/AIG09013816/Cn1q1; 19/06/2009	**STAGE**	**DATE / PIC**
	CC3/AIG12008847/H1a2a3j2 ; 27/04/2012	Non-Reporting ltr (1st):	
	CS/MSG20007041/Dsf3e2; 04/07/2020	Non-Reporting ltr (2nd):	
	NA/INC18021258/h4; 23/11/2018	Non-Reporting ltr (Final):	
	SKK 6833K - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
04/02/2022	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 1,951.88 (3 days) Reduction: 49 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/02/2022 Confirm with Jim		Email ☑ Call ☐
Final Liability:	% 70 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: 2,088.51	S$ 1,461.96 w/GST		
Loss of Rental (LOR) 625.95	S$ 438.17 (5 days) x S$125.19		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI) 250.00	S$ 175.00 ($ 50 x 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: $320.00
Total:	**S$** 2,077.13 **Global Sum S$:** 2,000.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,000.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	