15/5/2010

INS. CASE OWNER:

CC3/CTI21008259/T1ba3

LKK:

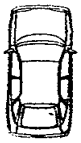
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 30/07/2021 Date / Time : 30/07/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SKV 7296X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

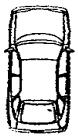
Excess Sec II :S$ D.O.A : 29/07/2021 Place of Accident :

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

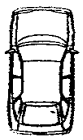
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

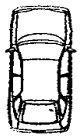
SHD 4439B → → →



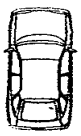
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 4439B - CC3/AIG17019538/K1pb3q2; 06/10/2017	**STAGE**	**DATE / PIC**
	CC3/FCI13016797/Kvk3 ; 28/06/2013	Non-Reporting ltr (1st):	
	CC3/TMI17010943/H1vbn2; 30/05/2017	Non-Reporting ltr (2nd):	
	SKV 7296X - NBA/LIP20001515/Y ; 27.01.2020	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: MTH

Repair Cost: P/P S$ 4,732.20 (2 days) Reduction: 3 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10.05.22 Confirm with CATHERINE Email ☐ Call ☐

Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost incl GST: $5,063.45	S$ 2,531.73	OID FILTER OUTOF SINGLE LANE / TP EXIT FROM MINOR RD	
Loss of Rental (LOR) $500.76	S$ 250.38 (4 days)	X $125.19	
Loss of Use (LOU): -	S$ - ($ x days)		
Loss of Income (LOI): $200	S$ 100.00 ($ 50 x 4 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: $5,766.21	**S$** 2,884.11	**Global Sum S$:** 2,880.00	

FINAL PAYMENT Date/Time: 10.05.22 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 2,880.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	