15/5/2010

INS. CASE OWNER:

CC3/CTI21008962/Ves3

LKK:

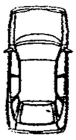
IDAC:

**ASSIGNMENT**

Surveyor: Thevan DOI: 24/08/2021 Date / Time : 25/08/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SJM 9949S Claim No. :

Name of Insured : LEE TAO GUAN Policy No. :

Insured Tel No. : HP: Make / Model :

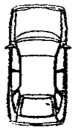
**Excess Sec II :S$** D.O.A : 22/08/2021 Place of Accident :

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

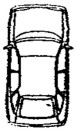
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

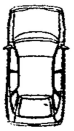
SHB 4473L → → →



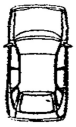
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|---|---|---|
| | SHB 4473L : CC3/LPC19007818/K1es3q2 ; DOA : 02/05/2019 | **STAGE** **DATE / PIC** |
| | SJM 9949S : 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: TTK

Repair Cost: L/S S$ 4,350.00 ( 4 days) Reduction: 33 % Email [ ] Call [ ]

**FINAL SETTLEMENT** Date/Time: 30.11.21 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$ 4,654.50 OI REAR ENDED TP

Loss of Rental (LOR): S$ 442.68 ( 4 days) X $110.67

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ 200.00 ($ 50 x 4 days)

LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [✓] [**Tick only one**]

GIA/LTA Search S$ 2.00

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent )

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $400

**Total:** **S$** 5,299.18 **Global Sum S$:**

**FINAL PAYMENT** Date/Time: 30.11.21 Confirm with: CATHERINE Email [ ] Cal [ ]

| | | | |
|---|---|---|---|
| Payee 1: | S$ 5,299.18 | Name 1: | COMFORTDELGRO ENGINEERING PTE LTD |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |