15/5/2010

INS. CASE OWNER:

CC4/AIG21009162/Vga3

LKK:

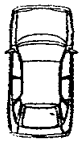
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 31/08/2021 Date / Time : 31/08/2021

Registered in Merimen: 31/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SGD 6181S Claim No. :

Name of Insured : QING YANHUI Policy No. : 2100450373

Insured Tel No. : HP: Make / Model : Mazda 3

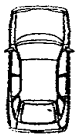
Excess Sec II :S$ D.O.A : 29/08/2021 12:30 Place of Accident : ALONG WOODLANDS AVENUE 7

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

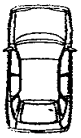
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

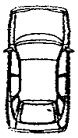
SHA1029L → → →



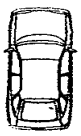
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 1029L - CC3/AIG14011609/H1h2a3w2 ; 19/06/2014	**STAGE**	**DATE / PIC**
	NA/FCI12006115/s2 ; 26/03/2012	Non-Reporting ltr (1st):	
	NS/INC17020815/K1vbn2 ; 30/10/2017	Non-Reporting ltr (2nd):	
	SGD 6181S - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	TPV: HYUNDAI I40 (1685cc)	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $1,150.00 (2 days) Reduction: $1,186.10 % 51		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/12/2021	Confirm with JIM	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,230.50 W/GST		
Loss of Rental (LOR):	S$ 344.85 (3 days) x 114.95		
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$ 7.49		
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: $320.00
Total:	**S$** 1,732.84	**Global Sum S$:** 1,700.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,700.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	