15/5/2010

INS. CASE OWNER:

CC4/AIG21009259/Vga3

LKK:

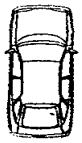
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 02/09/2021 Date / Time : 02.09.2021

Registered in Merimen: 02.09.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 8956Z Claim No. :

Name of Insured : Tew Soo Lay Policy No. :

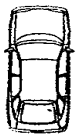
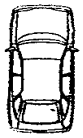
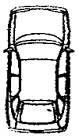
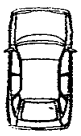
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 01/09/2021 14:40 Place of Accident : Near Whampoah , CTE

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**

SLN 8956Z →	SHA 1049D →	SDD 8278U →	
 INSRS: WSP: Tel : Liability : RMKS: OI	 INSRS: WSP: CDGE Tel : LOYANG Liability : RMKS: TP	 INSRS: WSP: Tel : Liability : RMKS:	 INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SHA 1049D - CC6/FCI20014241/Aes3q2; 12/12/2020	**STAGE** **DATE / PIC**
	CS/FCI10005364/Kqg1; 17/03/2010	Non-Reporting ltr (1st):
	CS/FCI19017619/f3XX; 04/10/2019	Non-Reporting ltr (2nd):
	SLN 8956Z - X	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	TPV: HYUNDAI I40 (1685cc)	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:
Repair Cost: L/S	S$ $6,850.00 (4 days)	Reduction: $9,597.18 % 58	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/01/2022	Confirm with JIM	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 7,329.50	W/GST	
Loss of Rental (LOR):	S$ 553.35 (5 days)	x $110.67	C.C (OI LAST)
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 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: $320.00
Total:	**S$** 8,134.85	**Global Sum S$:** 8,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8,000.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	