15/5/2010

INS. CASE OWNER: CC4/AIG21009261/Vga3

LKK:

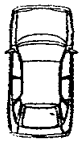
IDAC:

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. : SMU 915X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

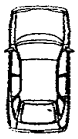
Excess Sec II :S$ D.O.A : 01/09/2021 Place of Accident : KAMPONG JAVA ROAD

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

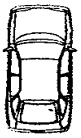
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

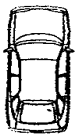
SH 8832X →



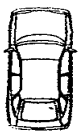
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 8832X - CC4/III19017476/T1pa3q2; 25/09/2019	**STAGE**	**DATE / PIC**
	CS3/III12011552/Uqn; 10/06/2012	Non-Reporting ltr (1st):	
	NS/INC09023192/Cn ; 14/10/200H	Non-Reporting ltr (2nd):	
	NS/INC19014200/K1qd3n2; 13/08/2019	Non-Reporting ltr (Final):	
	SMU 915X - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
		Notification ltr (if non-pickup)	☐ ☐
	TPV: TOYOTA PRIUS HYBRID (1998cc)	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$ $600.00 (2 days) Reduction: $476.57 % 44		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/01/2022 Confirm with JIM		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 642.00 W/GST		
Loss of Rental (LOR):	S$ 250.80 (2 days) x 125.40		OI REVERSED HIT ONTO TPV
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 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: $320.00
Total:	**S$** 994.80	**Global Sum S$:** 950.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 950.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	