15/5/2010

INS. CASE OWNER:

CC3/CTI21009502/Vea3

LKK:

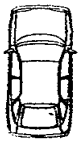
IDAC:

ASSIGNMENT

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

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 8112Z Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

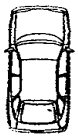
Excess Sec II :S$ D.O.A : 31/08/2021 12:54 Place of Accident :

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

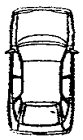
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

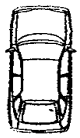
SHA 3125D → → →



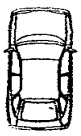
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHA 3125D - CC3/AXA13011234/H1py3y ; 19/06/2013	
	CC3/CTI21000881/T1ea3q2 ; 16/01/2021	
	CC3/EQI14022452/H1ke3w2 ; 29/11/2014	
	CS/INC09004776/Yn ; 01/03/2009	
	CS3/III12000674/Nqtm ; 04/01/2012	
	SLH 8112Z - CS/MSG18009318/Gqbq2 ; 21.05.2018	

STAGE	DATE / PIC
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: PAR

Repair Cost: L/S S$ 4,250.00 (3 days) Reduction: 41 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19.10.21 Confirm with CATHERINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,547.50 OID REAR ENDED TP	
Loss of Rental (LOR):	S$ 625.95 (5 days) X $125.19	
Loss of Use (LOU):	S$ - ($ 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$ 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: $400
Total:	**S$** 5,430.94 **Global Sum S$:** 5,430.00	

FINAL PAYMENT Date/Time: 19.10.21 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 5,430.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	