15/5/2010

INS. CASE OWNER:

CC3/CTI21009591/Vpa3q2

LKK:

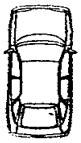
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 06/09/2021 Date / Time : 06/09/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 7587H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

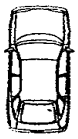
Excess Sec II :S$ D.O.A : 03/09/2021 19:15 Place of Accident :

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

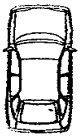
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

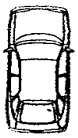
SHC 8688C → → →



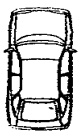
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 8688C - CS/FCI16020738/Kgh3n2 ; 30/10/2016	**STAGE**	**DATE / PIC**
	NS/INC09024014/Ch; 25/10/2009	Non-Reporting ltr (1st):	
	NS/INC11025352/H1qtn; 08/12/2011	Non-Reporting ltr (2nd):	
	NS/INC14006998/H1qm3c3; 12/04/2014	Non-Reporting ltr (Final):	
	GBD 7587H - X	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
26/11/2021	Pls refer to VIEWS for details.	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/sum	S$ 3,150.00 (3 days) Reduction: 24 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/11/2021 Confirm with Catherine		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,370.50		
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$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 4,015.18 **Global Sum S$:** 4,000.00		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,000.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	