15/5/2010

INS. CASE OWNER: CC3/CTI21009601/Tea3

LKK:

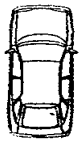
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 08/09/2021 Date / Time : 08/09/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 7343T Claim No. : SNM21D205033/C02/SMH7343T/TANCHC

Name of Insured : Policy No. : DMPCSNW00009682102

Insured Tel No. : HP: Make / Model :

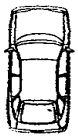
Excess Sec II :S$ D.O.A : 05/09/2021 14:40 Place of Accident :

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

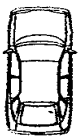
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

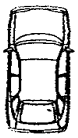
SHD 3985Y → → →



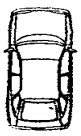
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 3985Y - CC3/AIG18002962/K1ea3q2; 12/02/2018	**STAGE** **DATE / PIC**
	CC6/III19004116/Efb3q2 ; 27/02/2019	Non-Reporting ltr (1st):
	CS1/III19018505/R1td3s2 ; 16/01/2019	Non-Reporting ltr (2nd):
	NBA/AIG13021436/y1; 14/11/2013	Non-Reporting ltr (Final):
	SMH 7343T - X	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 3,200.00 (2 days)	Reduction: 30 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.06.22	Confirm with CATHERINE	Email ☐ Call ☐
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: GST: $3,424	S$ 1,712.00		OI OPEN DOOR, TP OVERTAKE FROM BEHIND OI
Loss of Rental (LOR) $449.40	S$ 224.70 (3.5 days)	x $128.40	
Loss of Use (LOU): -	S$ - ($ x days)		
Loss of Income (LOI) $175.00	S$ 87.50 ($ 50 x 3.5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑	[**Tick only one**]	
GIA/LTA Search $2.00	S$ 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
Total: $4,050.40	**S$** 2,026.20	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 22.06.22	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S$ 2,026.20	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	