

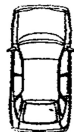
15/5/2010

INS. CASE OWNER:

CC4/AIG21009755/Nes3

LKK:

IDAC:

ASSIGNMENTSurveyor: NazDOI: 17/09/2021Date / Time : 17/09/2021Registered in Merimen: 17/09/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 3182Y

Claim No. : _____

Name of Insured : NOAH AGENCIES 'N' SERVICES PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 17/09/2021

Place of Accident : _____

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

If NO, Driver Name / Age :

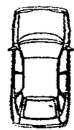
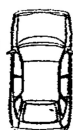
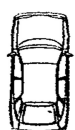
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SH 8143BINSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SH 8143B : CC4/III18021819/Deb3q2 ; DOA : 01/12/2018 GBH 3182Y : X		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
			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: <u>NAZ</u>	
Repair Cost: <u>P/P</u>	\$S <u>3,836.60</u>	(<u>3</u> days' Reduction: <u>26</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>09.12.21</u>	Confirm with: <u>KAZALI</u>	Email ☐	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>33</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S <u>4,105.16</u>	<u>OID OVERTAKE / TP</u>	<u>MAKR A RH TURN</u>	
Loss of Rental (LOR):	\$S <u>375.57</u>	(<u>3</u> days) <u>X \$125.19</u>		
Loss of Use (LOU):	\$S <u>-</u>	(\$ <u>x</u> days)		
Loss of Income (LOI):	\$S <u>150.00</u>	(\$ <u>50</u> x <u>3</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	\$S <u>2.00</u>			
Medical:	\$S <u>-</u>			
Disbursement:	\$S <u>-</u>	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Dispute/Settle	
Legal Cost	\$S <u>-</u>	2) Report Format: <u>TP</u>		
		3) Survey fee: <u>\$320</u>		
Total:	\$S <u>4,632.73</u>	Global Sum \$S: <u>4,630.00</u>		
FINAL PAYMENT	Date/Time: <u>09.12.21</u>	Confirm with: <u>KAZALI</u>	Email ☐	Call ☐
Payee 1:	\$S <u>4,630.00</u>	Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		