15/5/2010

INS. CASE OWNER: ~~CC3/CTI21010079/Gbs3~~

LKK:

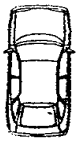
IDAC:

ASSIGNMENT CC3/CTI21010079/Gpa3q2

Surveyor: XGQ DOI: 27/09/2021 Date / Time : 29/09/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 8789Z Claim No. : SNM21D205479

Name of Insured : HOMES+MULTI HANDY SERVICES Policy No. : DMCVSNW00126422000

Insured Tel No. : HP: Make / Model :

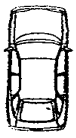
Excess Sec II :S$ D.O.A : 26/09/2021 Place of Accident :

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

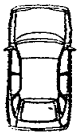
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

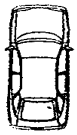
SH 7777D → → →



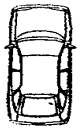
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SH 7777D : CC4/ASM21008472/T1pa3 ; DOA : 09/08/2021	**STAGE** **DATE / PIC**
	GBK 8789Z : X	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 8,000.00 (3 days) Reduction: 49 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/06/2022	Confirm with Catherine	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 4a	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 8,560.00		
Loss of Rental (LOR):	S$ 375.57 (3 days)	x$125.19	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☑	[**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: $400.00
Total:	**S$** 9,087.57	**Global Sum S$:** 9,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 9,000.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	