15/5/2010

INS. CASE OWNER: CC3/CTI21010151/Nes3

LKK:

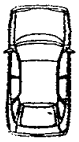
IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 23/09/2021 Date / Time : 01/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 8261K Claim No. :

Name of Insured : MAYALAGU SENTHILVEL Policy No. :

Insured Tel No. : HP: Make / Model :

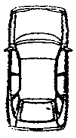
Excess Sec II :S$ D.O.A : 22/09/2021 Place of Accident :

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

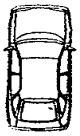
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

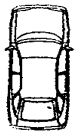
SH 7686H → → →



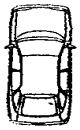
INSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SH 7686H : CC4/ASM21009925/Nrs3 ; DOA : 22/09/2021
	SLK 8261K : NBA/CTI21009939/Y ; DOA : 22/09/2021

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: NAZ
Repair Cost: L/S	S$ 16,650.00 (7 days)	Reduction: 35 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 19.04.22	Confirm with CATHERINE	Email [ ] Cal [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: w/GST	S$ 17,815.50	9VEH CC OID 7TH	
Loss of Rental (LOR):	S$ 877.80 (7 days)	x $125.40	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 350.00 ($ 50 x 7 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: $400
Total:	**S$** 19,045.30	**Global Sum S$:** 19,040.00	
FINAL PAYMENT	Date/Time: 19.04.22	Confirm with: CATHERINE	Email [ ] Cal [ ]

Payee 1:	S$ 19,040.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	