15/5/2010

INS. CASE OWNER:

CC3/CTI21010237/Vea3

LKK:

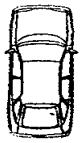
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 21/09/2021 Date / Time : 21/09/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 8814J Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

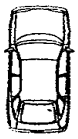
Excess Sec II :S$ D.O.A : 20/09/2021 15:35 Place of Accident : Pasir Ris Central, Singapore

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

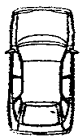
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

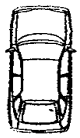
SHA 9092A → → →



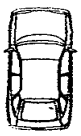
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 9092A - CC3/AIG10018498/Fq1f2q2 ; 11/09/2010	**STAGE**	**DATE / PIC**
	CC3/AXA11024114/H1ec3c1; 16/11/2011	Non-Reporting ltr (1st):	
	CC3/QBE15020013/H1nv3q2; 19/11/2015	Non-Reporting ltr (2nd):	
	CS/FCI15010217/Ggbd1; 18/06/2015	Non-Reporting ltr (Final):	
	NA/INC15011375/h4; 05/07/2015	Notification ltr (if non-pickup):	
	GBK 8814J - X	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: TTK	
Repair Cost: P/P	S$ 2,449.76	(3 days) Reduction: 53 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25.11.21	Confirm with CATHERINE	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S$ 2,621.24		OID TURN RIGHT INTO THE MAIN ROAD	
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 + 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: $400	
Total:	**S$** 3,148.81	**Global Sum S$:**		

FINAL PAYMENT	Date/Time: 25.11.21	Confirm with: CATHERINE	Email ☐ Call ☐
Payee 1:	S$ 3,148.81	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	