15/5/2010

INS. CASE OWNER: CC4/AIG21010425/T1es3

LKK:

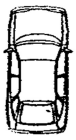
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 11/10/2021 Date / Time : 11/10/2021

Registered in Merimen: 11/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 6137U Claim No. :

Name of Insured : POON BROTHERS DESIGN & CONTRACT Policy No. :

Insured Tel No. : HP: Make / Model :

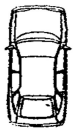
Excess Sec II :S$ D.O.A : 08/10/2021 Place of Accident :

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

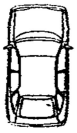
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

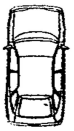
SHD 3323H → → →



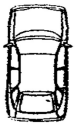
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHD 3323H : CC3/III18002237/K1hb3q2 ; DOA : 01/02/2018	**STAGE** **DATE / PIC**
	GBF 6137U : CS3/MSG19013252/Ecf3s2 ; DOA : 21/07/2019	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: MTH

Repair Cost: L/S S$ 1,650.00 (2 days) Reduction: 32 % Email Call

FINAL SETTLEMENT Date/Time: 17.12.21 Confirm with JIM Email Cal

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 1,765.50 OID REAR ENDED TP

Loss of Rental (LOR): S$ 501.60 (4 days) X $125.40

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ✓ LOU only LOR + LOU LOR + LO [**Tick only one**]

GIA/LTA Search S$ 2.00

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal ~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $320

Total: **S$** 2,267.10 **Global Sum S$:**

FINAL PAYMENT Date/Time: 17.12.21 Confirm with: JIM Email Cal

Payee 1:	S$ 2,269.10	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	