15/5/2010

INS. CASE OWNER: CC4/AIG21010748/Vpa3

LKK:

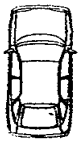
IDAC:

ASSIGNMENT

Surveyor: Thevan DOI: 19/10/2021 Date / Time : 19/10/2021

Registered in Merimen: 19/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 8421E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

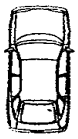
Excess Sec II :S$ D.O.A : 19/10/2021 Place of Accident :

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

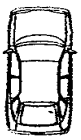
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

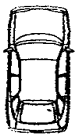
SHD 3699Z → → →



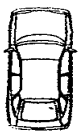
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 3699Z - CC3/AIG11016640/H1sr1k2; 16/08/2011	Non-Reporting ltr (1st):	
	CC3/AIG12007968/H1b1g2p1; 19/04/2012	Non-Reporting ltr (2nd):	
	CC3/CTI18005278/R1hb3n2; 19/03/2018	Non-Reporting ltr (Final):	
	CC3/TMI12014436/H1vn; 23/07/2012	Notification ltr (if non-pickup):	
	CS/FCI17009096/R1gh3n2; 06/05/2017	Call OI:	
	NS/INC20003039/Fvd3n2; 20/02/2020	After call ltr to OI:	
	SJH 8421E - CC3/CAI13010322/H1ey3u2-1 ; 06/06/2013	**Documentation Check List:**	**Handler** **Typist**
	CC3/CAI13010322/H1qu2 ; 06/06/2013	Notification ltr (if non-pickup)	
	CC6/AIG19003445/Kjb3q2 ; 21/02/2019	After call ltr to OI:	
	CS/CAI13010433/Gtu2 ; 06/06/2013	Authorisation To Act:	
		Release Voucher:	
02/03/2022	Pls refer to VIEWS for details.	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$ 3,250.00 (3 days) Reduction: 48 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/03/2022	Confirm with Jim	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,477.50		
Loss of Rental (LOR):	S$ 442.68 (4.0 days)	x S$110.67	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($50 x 4 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑	[**Tick only one**]	
GIA/LTA Search	S$ 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: $320.00
Total:	**S$** 4,122.18	**Global Sum S$:** 4,050.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,050.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	