15/5/2010

INS. CASE OWNER:

CC4/AIG21010767/Vea3

LKK:

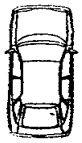
IDAC:

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. : GBJ 981S Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

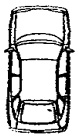
Excess Sec II :S$ D.O.A : 19.10.2021 Place of Accident :

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

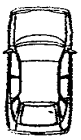
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

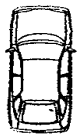
SH 8229M →



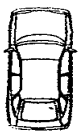
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBJ 981Z - X	**STAGE** **DATE / PIC**
	SH 8229M - CC3/AIG10005701/Fa2e2k2 ; 21/03/2010	Non-Reporting ltr (1st):
	CC4/AIG21003455/T1pa3q2 ; 16/03/2021	Non-Reporting ltr (2nd):
	CC4/AXA15016481/H1wb3n2 ; 28/09/2015	Non-Reporting ltr (Final):
	CS/FCI13019447/Agbu2 ; 16/10/2013	Notification ltr (if non-pickup):
	NS/INC13019588/H1vm3k3 ; 16/10/2013	Call OI:
	NS/INC20008664/T1vf3e2 ; 18/08/2020	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: TTK
Repair Cost: L/S	S$ 2,100.00 (4 days)	Reduction: 65 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18.02.22	Confirm with JIM	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 14	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,247.00	OID MOVE OUT FROM STATIONARY HIT TP	
Loss of Rental (LOR):	S$ 387.35 (3.5 days)	x $110.67	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($ 50 x 3.5 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: $320
Total:	**S$** 2,811.35	**Global Sum S$:** 2,800.00	

FINAL PAYMENT	Date/Time: 18.02.22	Confirm with: JIM	Email ☐ Call ☐
Payee 1:	S$ 2,800.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	