		LKK:
INS. CASE OWNER:	**CC4/AIG21010901/R1pa3**	IDAC:

ASSIGNMENT

Surveyor: **Rasul** DOI: 25/10/2021 Date / Time : 25/10/2021

Registered in Merimen: 25/10/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **EZ 20X** Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22.10.2021 16:10 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**

SHA 1145J ⟶ ⟶ ⟶
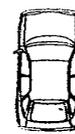
INSRS: WSP: CDGE Tel : LOYANG Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 1145J - CC3/AIG11023579/H1sr1k2 ; 15/11/2011	Non-Reporting ltr (1st):	
	CC4/III17023390/Aea3q2 ; 28/11/2017	Non-Reporting ltr (2nd):	
	NA/MSI08013004/w1 ; 23/04/2008	Non-Reporting ltr (Final):	
	NA1/AXA08014676/r ; 07/05/2008	Notification ltr (if non-pickup):	
	NS/INC21004563/T1qcn2 ; 09/04/2021	Call OI:	
	EZ 20X - X	After call ltr to OI:	

Documentation Check List: Handler Typist

		Handler	Typist
10/12/2021	Pls refer to VIEWS for details.	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:

Repair Cost: **P/P** S$ 1,636.12 (3 days) Reduction: 19 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 10/12/2021 Confirm with: **Jim** Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ 1,750.65	
Loss of Rental (LOR):	S$ 500.76 (4 days) x S$125.19	
Loss of Use (LOU):	S$ ($ 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: $320.00
Total:	S$ 2,453.41 **Global Sum S$:** 2,450.00	

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1:	S$ 2,450.00	Name 1: **ComfortDelGro Engineering Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: