	LKK:
INS. CASE OWNER:	**CC4/AIG21011321/Tea3**	IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**   DOI: **05/11/2021**   Date / Time : **05/11/2021**

Registered in Merimen: **05/11/2021**

Pre-assign / CCU / FTE

Insured Vehicle No.	:	**SGF 6001T**	Claim No.	:	8385799854SG
Name of Insured	:		Policy No.	:	2100452976
Insured Tel No.	:	HP:	Make / Model	:	

Excess Sec II :S$ D.O.A : **03/11/2021 16:20**   Place of Accident : **Rochor Rd, 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**

YP 4793M → **SGF 6001T** → **SHC 1641H** →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: **CDGE**	WSP:
Tel :	Tel :	Tel : **LOYANG**	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: **OI**	RMKS: **TP**	RMKS:

Date/ Time		
	SHC 1641H - CC3/III19001598/Kpb3q2 ; 22/01/2019	
	NS/INC19021696/Ftf3e2 ; 06/12/2019	
	SGF 6001T - X	

STAGE	DATE / PIC
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$ **1,450.00** (**2** days) Reduction: **43** %   Email □ Call □

FINAL SETTLEMENT Date/Time: **11.03.22** Confirm with **JIM**   Email □ Call □

Final Liability:	% **100**	(Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0%**
Repair Cost: **w/GST**	S$ **1,551.50**	**3VEH CC OI 2ND**	
Loss of Rental (LOR):	S$ **627.00** (**5** days) x **$125.40**		
Loss of Use (LOU):	S$ **-** ($ x days)		
Loss of Income (LOI):	S$ **250.00** ($ **50** x **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: **$320**
Total:	S$ **2,430.50** **Global Sum S$: 2,430.00**	

FINAL PAYMENT Date/Time: **11.03.22** Confirm with: **JIM**   Email □ Call □

Payee 1:	S$ **2,430.00**	Name 1:	**COMFORTDELGRO ENGINEERING PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	