15/5/2010

INS. CASE OWNER:

CC4/AIG21011620/Tea3

LKK:

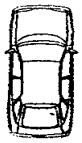
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 15/11/2021 Date / Time : 15/11/2021

Registered in Merimen: 15/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 8298B Claim No. : 8726362661SG

Name of Insured : Policy No. : 1800027500

Insured Tel No. : HP: Make / Model :

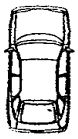
Excess Sec II :S$ D.O.A : 12.11.2021 22:50 Place of Accident :

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

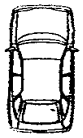
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

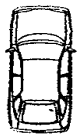
SH 7982C → → →



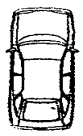
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 7982C - CC3/TMI12020360/H1y1n ; 17/10/2012	**STAGE**	**DATE / PIC**
	CC4/AIG21011620/T1ea3 ; 12/11/2021	Non-Reporting ltr (1st):	
	CS/INC09016882/Ch ; 27/07/2009	Non-Reporting ltr (2nd):	
	NS/INC16011976/H1qh3n2 ; 25/06/2016	Non-Reporting ltr (Final):	
	NS/INC19007558/K1qd3n2 ; 26/04/2019	Notification ltr (if non-pickup):	
	SJB 8298B - X	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: L/S	S$ 1,100.00 (2 days) Reduction: 72 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14.02.22	Confirm with JIM	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,177.00	OID ENCROACHED (REFER TP VIDEO)	
Loss of Rental (LOR):	S$ 442.68 (4 days)	x $110.67	
Loss of Use (LOU):	S$ - ($ 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: $320
Total:	**S$** 1,821.68	**Global Sum S$:** 1,800.00	

FINAL PAYMENT	Date/Time: 14.02.22	Confirm with: JIM	Email ☐ Call ☐
Payee 1:	S$ 1,800.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	