15/5/2010

INS. CASE OWNER: CC4/AIG21011636/Tgs3

LKK:

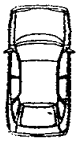
IDAC:

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. : SMY 2788L Claim No. :

Name of Insured : WANG LU Policy No. :

Insured Tel No. : HP: Make / Model :

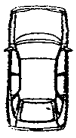
Excess Sec II :S$ D.O.A :14/11/2021 Place of Accident : Sengkang E Rd,

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

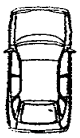
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

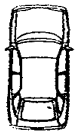
SHC 7024A → → →



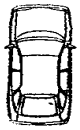
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 7024A : NS/INC21011179/Vtcn2 ; DOA : 27/10/2021	**STAGE**	**DATE / PIC**
	SMY 2788L : X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	CLAIMANT: CITYCAB PTE LTD	Call OI:	
		After call ltr to OI:	
	TPV: HYUNDAI I40 - 1685cc	**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:
Repair Cost: L/S	S$ $950.00 (2 days)	Reduction: $2,161.70 % 69	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/02/2022	Confirm with JIM	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,016.50	W/GST	
Loss of Rental (LOR):	S$ 221.34 (2 days)	x $110.67	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☑	[**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: $320.00
Total:	**S$** 1,339.84	**Global Sum S$:** $1,300.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ $1,300.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	