

INS. CASE OWNER:

CC4/AIG21011874/Tpa3

IDAC:

ASSIGNMENTSurveyor: TaufikhDOI: 22/11/2021Date / Time : 22/11/2021Registered in Merimen: 22/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLL 8425A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 20.11.2021

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

SHC 8595LINSRS:
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
	<u>SHC 8595L - CC3/AIG15008817/H1wa3q2; 25/05/2015</u>	Non-Reporting ltr (1st):	
	<u>NS/INC10002157/Cn; 31/01/2010</u>	Non-Reporting ltr (2nd):	
	<u>NS/INC19013742/K1sf3n2; 03/08/201927</u>	Non-Reporting ltr (Final):	
	<u>SLL 8425A - X</u>	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/SUM</u>	\$S\$ <u>750.00</u> (<u>2</u> days) Reduction: <u>61</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>06/01/2023</u> Confirm with: <u>Aileen</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	\$S\$ <u>802.50</u>		
Loss of Rental (LOR):	\$S\$ <u>221.34</u> (<u>2</u> days) x \$S\$110.67		
Loss of Use (LOU):	\$S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	\$S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S\$ <u>2.00</u>		
Medical:	\$S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ _____ (e.g. Tow/ Independent)	2) Report Format:	<u>TP</u>
Legal Cost	\$S\$ _____	3) Survey fee:	<u>\$320.00</u>
Total:	\$S\$ <u>1,125.84</u> Global Sum \$S\$: <u>1,120.00</u>		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>1,120.00</u> Name 1: <u>ComfortDelGro Engineering Pte Ltd</u>		
Payee 2: (Strike if N.A.)	\$S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ _____ Name 3: _____		