15/5/2010

INS. CASE OWNER:

~~CC4/AIG21012395/ ga3~~

LKK:

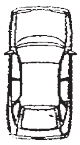
IDAC:

ASSIGNMENT CC4/AIG21012395/Vpa3

Surveyor: TTK DOI: 07/12/2021 Date / Time : 07/12/2021

Registered in Merimen: 07/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 830Z

Name of Insured : HO HUANG ENG

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 07/12/2021 10:40

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident : HAVELOCK ROAD

Nature of Accident :

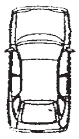
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

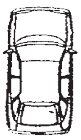
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

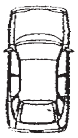
SHA 4399Z → → →



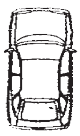
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 4399Z - CC3/AXA11012293/H1n1c3c1 ; 24/06/2011
	CC3/LCR17016263/K1wb3q2 ; 19/08/2017
	CS/FCI17002332/Uth3n2 ; 25/01/2017
	CS/FCI17004059/T1gh3n2 ; 27/02/2017
	NS/INC11004859/Dqn ; 11/03/2011
	SLT 830Z - 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:

Repair Cost: L/sum S$ 2,800.00 (3 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/09/2022 Confirm with Aileen Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,996.00	
Loss of Rental (LOR):	S$ 250.38 (2 days) x $125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + 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: $320.00
Total:	**S$** 3,348.38 **Global Sum S$:** 3,300.00	

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

Payee 1:	S$ 3,300.00	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	