15/5/2010

INS. CASE OWNER: CC4/AIG22000034/Tea3

LKK:

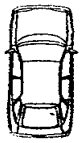
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 03/01/2022 Date / Time : 03.01.2022

Registered in Merimen: 03.01.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNC 2869R Claim No. : 3483886244SG

Name of Insured : Policy No. : 7210121947

Insured Tel No. : HP: Make / Model :

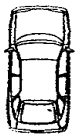
Excess Sec II :S$ D.O.A : 31.12.2021 19:15 Place of Accident :

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

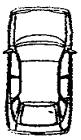
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

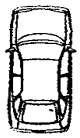
SHC 801U → → →



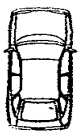
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHC 801U - CS/FCI18020683/Ntd3e2 ; 12/11/2018	**STAGE**	**DATE / PIC**
	NA/INC13021646/d2 ; 16/11/2013	Non-Reporting ltr (1st):	
	NS/INC21008215/Vuce2 ; 31/07/2021	Non-Reporting ltr (2nd):	
	SNC 2869R - X	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: MTH
Repair Cost: P/P	S$ 702.60 (2 days) Reduction: 61 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02.06.22	Confirm with JIM	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 751.78	OI REAR ENDED TP	
Loss of Rental (LOR):	S$ 323.68 (2.5 days) X $129.47		
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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: $320
Total:	**S$** 1,202.46	**Global Sum S$:** 1,200.00	
FINAL PAYMENT	Date/Time: 02.06.22	Confirm with: JIM	Email ☐ Call ☐
Payee 1:	S$ 1,200.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	