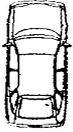| INS. CASE OWNER:		CC3/CTI22000084/Tps3q2	LKK:
			IDAC:

ASSIGNMENT

Surveyor: **Taufikh**   DOI: 03/01/2022   Date / Time : 04/01/2022

Registered in Merimen: 04/01/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMV 2683X**   Claim No. : _____

Name of Insured : ANG MING HWEE KENNETH   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : 30/12/2021   Place of Accident : _____

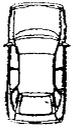Is driver the owner? (YES / NO)   Nature of Accident : _____

If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
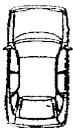
Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**
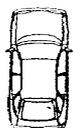
SHC 8968U ⟶ _____ ⟶ _____ _____ ⟶ _____

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

Date/ Time			STAGE	DATE / PIC
	SHC 8968U : NS/INC17015813/K1vbe2 ; DOA : 13/08/2017		Non-Reporting ltr (1st):	
	SMV 2683X : X		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:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/SUM** S$ 1,100.00 (2 days) Reduction: 58 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 02/11/2022 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$ 1,177.00	
Loss of Rental (LOR):	S$ 229.90 (2 days) X $114.95	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ✓ [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$ 1,508.90	3) Survey fee: $400.00
Total:	S$ ~~1,058.90~~ Global Sum S$:	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ ~~1,058.90~~	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$ 1,508.90	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	