15/5/2010

INS. CASE OWNER: CC3/CTI22000507/Ges3

LKK:

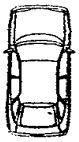
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 12/01/2022 Date / Time : 14/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 1344P Claim No. : SNM22D200278

Name of Insured : NEO CHEE SIONG (LIANG ZHIXIONG) Policy No. : DMPCSNW0019247200

Insured Tel No. : HP: Make / Model :

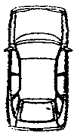
Excess Sec II :S$ D.O.A : 10/01/2022 Place of Accident : Boon Lay Way

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

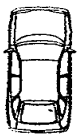
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

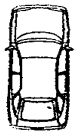
SH 7894Z → → → →



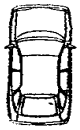
INSRS:
WSP: COMFORTDELGRO (LOYANG)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 7894Z : CC3/AIG10003251/Cn1e2n ; DOA : 14/02/2010	**STAGE**	**DATE / PIC**
	SMK 1344P : X	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	
CLAIMANT -	COMFORTDELGRO ENGINEERING PTE LTD	LTA / GIA :	
		Medical Bill:	
	TPV: T.PRIUS - 1798cc	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: PP	S$ 1664.90 (2 days)	Reduction: $1,282.83 % 44	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06.09.22	Confirm with CATHERINE	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,781.44	W/GST	
Loss of Rental (LOR):	S$ 505.88 (4 days)	x $126.47	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 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: $400.00
Total:	**S$** 2,489.32	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 06.09.22	Confirm with: CATHERINE	Email ☑ Cal ☐
Payee 1:	S$ 2,489.32	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	