15/5/2010

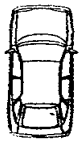
INS. CASE OWNER: Gabriel Wee | CC4/III22002043/Gpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 08.03.2022 Date / Time : 04.03.2022

Registered in Merimen: 04.03.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : FBN 7900J Claim No. :

Name of Insured : COMFORTDELGRO DRIVING CENTRE PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

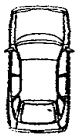
Excess Sec II :S$ D.O.A : 24/02/2022 21:50 Place of Accident : 205 Ubi Ave 4, Singapore 408805

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

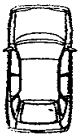
If **NO**, Driver Name / Age : YEO ZONG XIAN,ADRIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

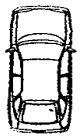
FBN 7865C → → →



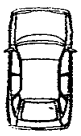
INSRS:
WSP: Kang Car Repairers Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBN 7865C - x FBN 7900J - 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: P/P S$ 1,461.63 (3 days) Reduction: 1 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/06/2022 Confirm with Sharon Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 1,563.94

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 75.00 ($25 x 3 days)

Loss of Income (LOI): S$ ($ x days)

LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]

GIA/LTA Search S$

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: $350.00

Total: **S$** 1,638.94 **Global Sum S$:**

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

Payee 1:	S$ 1,638.94	Name 1:	Kang Car Repairers Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	