15/5/2010

INS. CASE OWNER: CC4/LPC22002605/Vpa3q2

LKK:

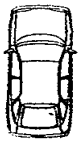
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: _____ Date / Time : 21/3/22

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 137C Claim No. : _____

Name of Insured : _____ Policy No. : _____

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

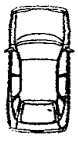
Excess Sec II :S$ _____ D.O.A : 19/3/2022 Place of Accident : _____

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

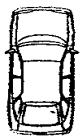
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

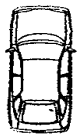
SHA 2044K → _____ → _____ → _____



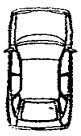
INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 2044K - CC6/III20011381/Kba3q2 ; 02/10/2020	Non-Reporting ltr (1st):	
	CS/INC08031697/Ycq1 ; 30/11/2008	Non-Reporting ltr (2nd):	
	CS3/III19013032/Fcf3e2 ; 21/07/2019	Non-Reporting ltr (Final):	
	CS3/III19013032/Fvd3e2-1 ; 21/07/2019	Notification ltr (if non-pickup):	
	GBL 137C - CC6/AIG21003597/Urs3q2 ; 17/3/2021	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$ 2,150.00 (3 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/12/2022 Confirm with Olivia Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,300.50	
Loss of Rental (LOR):	S$ 459.80 (4 days) X $114.95	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 200.00 ($ 50 x 4 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + 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: $400.00
Total:	**S$** 2,962.30 **Global Sum S$:**	

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

Payee 1:	S$ 2,962.30	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	