15/5/2010

INS. CASE OWNER:

CC3/CTI22002606/Vpa3

LKK:

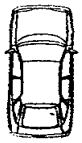
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 14/3/22 Date / Time : 14/3/22

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKL 4858Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

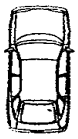
Excess Sec II :S$ D.O.A : 12/3/22 01:00 Place of Accident :

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

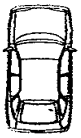
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

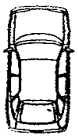
SHC 394C → → →



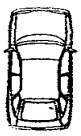
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 394C - CC4/FCI20000185/Uka3q2; 30/12/2019	**STAGE** **DATE / PIC**
	CS/FCI20010282/Kqd3e2 ; 20/09/2020	Non-Reporting ltr (1st):
	CS/QW08033454/Rfe1; 14/12/2008	Non-Reporting ltr (2nd):
	CS/TMI15007065/H1qy3d1; 24/04/2015	Non-Reporting ltr (Final):
	CS/TMI20010150/T1yf3e2; 20/09/2020	Notification ltr (if non-pickup):
	CS3/FCI17010209/Gcbs2; 20/05/2017	Call OI:
	SKL 4858Y - CC4/AIG16016359/M1ub3q2 ; 27/08/2016	After call ltr to OI:
	CS/CTI21006903/Etcn2 ; 21/06/2021	**Documentation Check List: Handler Typist**
	NA/CTI21006899/r3; 21/06/2021	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: P/P	S$ 4,610.70 (4 days) Reduction: 47 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/10/2022	Confirm with Kazali	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,933.45		
Loss of Rental (LOR):	S$ 632.35 (5 days) X $126.47		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 50 x 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: $400.00
Total:	**S$** 5,817.80	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,817.80	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	