15/5/2010

INS. CASE OWNER:

CC3/CTI22002921/Tga3

LKK:

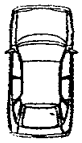
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 28/03/2022 Date / Time : 28/3/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 830H Claim No. : SNM22D202068

Name of Insured : JAMESON NG JUN MIN Policy No. : DMHCSNW00008452101

Insured Tel No. : HP: Make / Model :

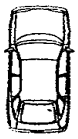
Excess Sec II :S$ D.O.A : 25/03/2022 09:50 Place of Accident : Near 21 Cuscaden Rd

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

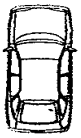
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

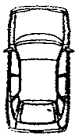
SH 8304D → → →



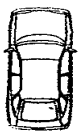
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 8304D - CS3/III16010055/Gbs2 ; 22/05/2016	**STAGE**	**DATE / PIC**
	NA1/AXA08009283/r ; 18/03/2008	Non-Reporting ltr (1st):	
	SMP 830H - CS3/ASM21005235/cXX; 25/04/2021	Non-Reporting ltr (2nd):	
	CS3/CTI21005831/Gvcn2; 10/05/2021	Non-Reporting ltr (Final):	
	NA/CTI21005770/V; 10/05/2021	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:	☐ ☐
	CLAIMANT - COMFORT TRANSPORTATION PTE LTD	PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
	TPV: HYUNDAI I40 - 1685cc	LOD	☐ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S$ 3300.00 (2 days) Reduction: 2456.82	% 43	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 05/08/2022	Confirm with CATHERINE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,531.00	W/GST	
Loss of Rental (LOR):	S$ 344.85 (3 days)	x $114.95	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 150.00 ($ 50 x 3 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: $400.00
Total:	**S$** 4,027.85	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,027.85	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	