15/5/2010

INS. CASE OWNER: CC4/LPC22003091/Kea3

LKK:

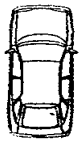
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/04/2022 Date / Time : 31/04/2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 5793H Claim No. : 21/22/22/VC00/025604

Name of Insured : Policy No. : Z/21/VC00/111999

Insured Tel No. : HP: Make / Model :

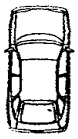
Excess Sec II :S$ D.O.A : 28/03/2022 09:15 Place of Accident : AYE

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

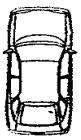
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

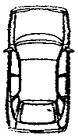
SNC 3860H → → →



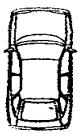
INSRS:
WSP: CDGE
Tel : BRADDEL
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SNC 3860H - X	Non-Reporting ltr (1st):	
	GBA 5793H - CC4/LPC19002861/Aha3n2; 09/02/2019	Non-Reporting ltr (2nd):	
	NA/MSG19002304/r3; 09/02/2019	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: KSC

Repair Cost: L/S S$ 2,750.00 (4 days) Reduction: 41 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27.05.22 Confirm with ALICE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,942.50	OID REAR ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 days)	
Loss of Income (LOI):	S$ - ($ x 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: $400
Total:	**S$** 3,244.50 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 27.05.22 Confirm with: ALICE Email ☐ Call ☐

Payee 1:	S$ 3,244.50	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	