15/5/2010

INS. CASE OWNER:

CC3/CTI22004429/Gea3

LKK:

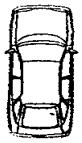
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 04/05/2022 Date / Time : 04/05/2022

Registered in Merimen: 11/05/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SBD 2985A Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

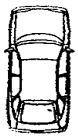
Excess Sec II :S$ D.O.A : 28/04/2022 17:30 Place of Accident :

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

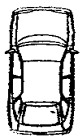
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

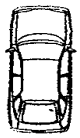
SHA 4429X → → →



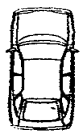
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHA 4429X - CC3/AIG11012821/H1jr1k2; 29/06/2011	**STAGE**	**DATE / PIC**
	CS/DAI13005642/M1qu2; 22/03/2013	Non-Reporting ltr (1st):	
	CS/FCI15009849/Rvbc2; 21/09/2015	Non-Reporting ltr (2nd):	
	CS/FCI16014263/M1gbc2; 29/07/2016	Non-Reporting ltr (Final):	
	SBD 2985A - X	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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: XGQ
Repair Cost: L/S	S$ 950.00 (2 days)	Reduction: 77 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30.09.22	Confirm with KAZALI	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,016.50	OID TURN INTO MAIN ROAD HIT TP STATIONARY VEHICLE	
Loss of Rental (LOR):	S$ 751.14 (6 days)	X $125.19	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 300.00 ($ 50 x 6 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: $400	
Total:	**S$** 2,069.64	**Global Sum S$:** 2,060.00	
FINAL PAYMENT	Date/Time: 30.09.22	Confirm with: KAZALI	Email ☐ Call ☐

Payee 1:	S$ 2,060.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	