			LKK:
INS. CASE OWNER:	HO Winnie	CC4/ASM22004831/Tpa3	IDAC: 262029

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/05/2022 Date / Time : 23/05/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLU 786M	Claim No. :	S2M041O1
Name of Insured :	SEKAR SAMSON	Policy No. :	GA588321
Insured Tel No. :	HP:	Make / Model :	Porsche Cayenne
Excess Sec II :S$	D.O.A : 20/05/2022 16:20	Place of Accident :	ONG SIMS WAY AFTER EXITING KPE

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 8079X ⟶ ⟶ ⟶

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

Date/ Time		STAGE	DATE / PIC
SHA 8079X	CI/TPD19022143/Pq 20/01/2020 SHA 8079X 27/11/2019 20/01/2020 SSC CS/FCI18019696/Usd3n2 11/12/2018 SJL 2955A SHA 8079X 26/10/2018 11/12/2018 NYT CS/QW09011792/Rcg1 02/06/2009 SHA 8079X 16/05/2009 05/06/2009 FWL NA/TMI18019573/z4 27/10/2018 TENG BOON LENG (DENG WENLONG) SJL 2955A SHA 8079X 26/10/2018 31/10/2018 HZT	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
SLU 786M	CS/ASM22003086/Uvy3e2 04/05/2022 SJN 2948K SLU 786M 31/03/2022 05/05/2022 SIM	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:
Repair Cost: L/sum	S$ 2,400.00 (2 days) Reduction: 33 %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 05/07/2022	Confirm with Olivia	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,568.00		
Loss of Rental (LOR):	S$ 505.88 (4 days) x $126.47		
Loss of Use (LOU):	S$ ($ 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: $350.00
Total:	S$ 3,275.88	Global Sum S$: 3,270.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 3,270.00	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	