15/5/2010

INS. CASE OWNER:

CC3/CTI22005998/Tpa3

LKK:

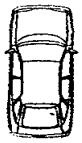
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/06/2022 Date / Time : 14/06/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SJA 1095X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

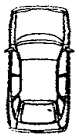
Excess Sec II :S$ D.O.A : 13/06/2022 09:15 Place of Accident : Jurong West Street 64, Singapore

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

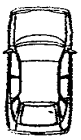
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

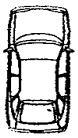
SHD 7146B →



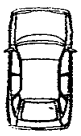
INSRS:
WSP: CDGE LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHD 7146B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CS/FCI18004534/d3XX 09/03/2018 GBC 1088B SHD 7146B 28/02/2018 24/12/2018 NVT	
SJA 1095X - X		

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
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$ 1,000.00 (2 days)	Reduction: 38 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/11/2022	Confirm with Catherine	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,070.00		
Loss of Rental (LOR):	S$ 276.68 (2.5 days)	X $110.67	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 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: $400.00
Total:	**S$** 1,473.68	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 1,473.68	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	