

INS. CASE OWNER:

ASSIGNMENTSurveyor: **XING GUO QIANG**DOI: **12/07/2022**Date / Time : **12/07/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YQ 436R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$_____ D.O.A : **05/07/2022 09:40**

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****SHD 4655T**INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE	DATE / PIC
SHD 4655T	CC3/AIG16019843/H1eg3q2 27/12/2016 SHD 4655T SKP 2658A 16/10/2016 28/12/2016 LSH1 NA/INC20010867/h4 08/10/2020 OWYONG HONG SJB 3349X SHD 4655T 08/10/2020 09/10/2020 LSH1	Non-Reporting ltr (1st):	
YQ 436R	CS/EG121010380/Out3n2 18/10/2021 GBJ 9285J YQ 436R 06/10/2021 19/10/2021 LST1	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: P/P	S\$ 2,171.92 (2 days) Reduction: 19 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 27/04/2023 Confirm with Catherine	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 25	If NO or B 28, Ass. Lia :	
Repair Cost:	2,323.95 S\$ 1,161.98 7%GST		
Loss of Rental (LOR):	250.38 S\$ 125.19 (2 days) X \$125.19		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	100.00 S\$ 50.00 (\$ 50 x 2 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\$ 1,339.17 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 1,339.17 Name 1: ComfortDelGro Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		