15/5/2010

		LKK:
INS. CASE OWNER:	CC4/LPC22007602/Tpa3q2	IDAC:

ASSIGNMENT

Surveyor: **Taufikh** DOI: _____ Date / Time : **10.08.2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **YP 9162B**	Claim No. : _____
Name of Insured : _____	Policy No. : _____
Insured Tel No. : _____ HP: _____	Make / Model : _____
Excess Sec II :S$ _____ D.O.A : **09.08.2022**	Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____	

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ___% **Final ? Yes / No**

SHC 1151E → _____ → _____ _____ → _____

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

Date/ Time			STAGE	Created By	DATE / PIC
SHC 1151E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date			Non-Reporting ltr (1st):		
CC3/AIG09016659/Cwq1 24/09/2009 SHC 1151E SJQ 1280T 24/07/2009 28/09/2009 CRH			Non-Reporting ltr (2nd):		
CC4/AXA10021945/Dp2fr1 20/12/2010 SHC 1151E SJX 9399X 28/10/2010 20/12/2010 CPY			Non-Reporting ltr (Final):		
CC4/III19016504/Kga3q2 28/05/2020 SKG 4842T SHC 1151E 13/09/2019 28/05/2020 MNR			Notification ltr (if non-pickup):		
YP 9162B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date			Call OI:		
CS3/ASM18016769/R1cbe2 08/10/2018 SMC 1518Y YP 9162B 12/09/2018 10/10/2018 CKC			After call ltr to OI:		
CS3/ASM18016769/R1vbe2-1 24/01/2019 SMC 1518Y YP 9162B 12/09/2018 25/01/2019 CKL					

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$ **1,500.00** (**2** days) Reduction: **38** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **21/12/2022** Confirm with **Olivia** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0**
Repair Cost: **w/GST**	S$ **1,605.00**	
Loss of Rental (LOR):	S$ **376.20** (**3** days) X $**125.40**	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ **150.00** ($ **50** x **3** 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: **$400.00**
Total:	S$ **2,133.20** Global Sum S$: **2,130.00**	

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ✓ Call ☐

Payee 1:	S$ **2,130.00**	Name 1:	**ComfortDelGro Engineering Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	