15/5/2010

INS. CASE OWNER:

CC3/CTI22008199/Vpa3

LKK:

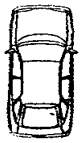
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 25.07.2022 Date / Time : 25.07.2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 2142P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

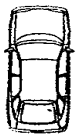
Excess Sec II :S$ D.O.A : 22/07/2022 17:30 Place of Accident : Upper Serangoon Rd, Singapore

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

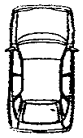
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

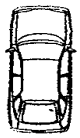
SHC 2906M →



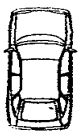
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHC 2906M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS/FCI19015654/Utd3n2 23/09/2019 SJV 9780M SHC 2906M 31/08/2019 23/09/2019 NVT NA/INC19015508/z4 02/09/2019 BEH CHOON HONG SJV 9780M SHC 2906M 31/08/2019 16/09/2019 HZT NS/INC15013168/H1qbn2 12/08/2015 SHC 2906M GV 675D 02/08/2015 13/08/2015 KYS	Non-Reporting ltr (1st):	
SKC 2142P - X		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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 1,500.00 (2 days) Reduction: 41 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/11/2022 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$ 1,605.00		
Loss of Rental (LOR):	S$ 449.40 (3.5 days) X $128.40		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 175.00 ($ 50 x3.5 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: $400.00
Total:	**S$** 2,231.40 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,231.40	Name 1: ComfortDelGro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	