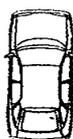


INS. CASE OWNER:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 14/09/2022 Date / Time : 14/09/2022
 Registered in Merimen: _____

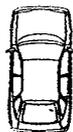
Pre-assign / CCU / FTE



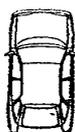
Insured Vehicle No. : GBG 2908H Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 13.09.2022 20:25 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

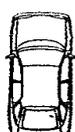
SH 8507K



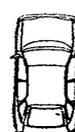
INSRS:
WSP: **CDGE**
Tel : **LOYANG**
Liability :
RMKS:



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	Damage Reported By	DATE / PIC																																															
	SH 8507K	17/05/2022	LIAN YONG LIANG	SMH 9241R	SMH 9241R	29/03/2021	19/05/2022	RMK																																																
	GBG 2908H	22/11/2017		GBG 2908H	SLH 9271R	19/11/2017	15/08/2018	CS																																																
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____									Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Date Reported By (Final): Notification Itr (if non-pickup): Call OI: After call Itr to OI:																																															
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____									Documentation Check List: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification Itr (if non-pickup)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>After call Itr to OI:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Towing Invoice</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Handler	Typist	Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>	After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	PIR:	<input type="checkbox"/>	<input type="checkbox"/>	Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	LOD	<input type="checkbox"/>	<input type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	Others:	<input type="checkbox"/>	<input type="checkbox"/>
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FINAL SETTLEMENT Date/Time: <u>02/02/2023</u> Confirm with <u>Catherine</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																																								
Final Liability:	%	<u>100</u>	(Agreed / Assessed)	BOLA S/N No. :	<u>28</u>	If NO or B 28, Ass. Lia :	<u>0</u>																																																	
Repair Cost:	<u>w/GST</u>	S\$ <u>1,337.50</u>																																																						
Loss of Rental (LOR):	S\$	<u>313.50</u>	(<u>2.5</u>	days)	X	<u>\$125.40</u>																																																	
Loss of Use (LOU):	S\$		(\$	x	days)																																																		
Loss of Income (LOI):	S\$	<u>125.00</u>	(\$	<u>50</u>	x	<u>2.5</u>	days)																																																
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input checked="" type="checkbox"/>	[Tick only one]																																																
GIA/LTA Search	S\$	<u>2.00</u>																																																						
Medical:	S\$								1) Claim status: Normal/Reject/Private Settle																																															
Disbursement:	S\$	(e.g. Tow/ Independent)							2) Report Format: <u>TP</u>																																															
Legal Cost	S\$								3) Survey fee: <u>\$400.00</u>																																															
Total:	S\$	<u>1,778.00</u>	Global Sum S\$:																																																					
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>																																																								
Payee 1:	S\$	<u>1,778.00</u>	Name 1:	<u>ComfortDelGro Engineering Pte Ltd</u>																																																				
Payee 2: (Strike if N.A.)	S\$		Name 2:																																																					
Payee 3: (Strike if N.A.)	S\$		Name 3:																																																					