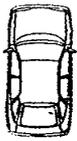


INS. CASE OWNER:

ASSIGNMENT

Surveyor: IRFAN DOI: 24/11/2022 Date / Time : 24/11/2022
 Registered in Merimen: _____

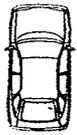
Pre-assign / CCU / FTE



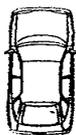
Insured Vehicle No. : SJN 4632H Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 22/11/2022 22:20 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

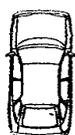
SHA 2746T



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	DATE / PIC
SHA 2746T - X	CC/AIG09013253/D XX 14/06/2009 SHA 2746T SGR 4862A 30/10/2007 22/11/2007 SC	Non-Reporting Itr (1st):	
	CC3/AIG07002721/Vts 20/11/2007 SHA 2746T SGR 4862A 30/10/2007 22/11/2007 SC	Non-Reporting Itr (2nd):	
	CC3/AIG09011272/Cq1h 02/07/2009 SHA 2746T SGR 4862A 30/10/2007 22/11/2007 SC	Non-Reporting Itr (Final):	
SJN 4632H - X	CS/FCI17007683/Krbv2 26/04/2017 SHF 526Z SHA 2746T 16/04/2017 26/04/2017 CKL	Notification Itr (if non-pickup):	
		Call OI:	
		After call Itr to OI:	
		Documentation Check List:	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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/Sum S\$ 850.00 (3 days) Reduction: 56 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 15/03/2023 Confirm with Catherine		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: with GST S\$ 909.50			
Loss of Rental (LOR): S\$ 375.57 (3 days) @ \$125.19			
Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)			
Loss of Income (LOI): S\$ 150.00 (\$ 50 x 3 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\$ 2.00			
Medical: S\$ _____		1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ _____		3) Survey fee: \$400	
Total: S\$ 1,437.07	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 1,437.07	Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		