15/5/2010

INS. CASE OWNER:

CC3/CTI23001570/Spa3

LKK:

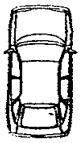
IDAC:

ASSIGNMENT

Surveyor: IRFAN DOI: 25/01/2023 Date / Time : 25/01/2023

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 4318T Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

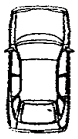
Excess Sec II :S$ D.O.A : 20.01.2023 12:15 Place of Accident :

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

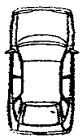
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

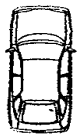
SH 7841B → → →



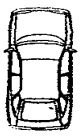
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SH 7841B -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/III17003096/T1yg3q2 17/04/2017 GBD 7086L SH 7841B 13/02/2017 20/04/2017 LSH1
GBC 4318T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CS/CTI19009007/R1qd3e2 20/11/2019 PC 8024Z GBC 4318T 02/05/2019 21/11/2019 LSH1

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
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: L/SUM S$ 4,100.00 (4 days) Reduction: 51 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 17/04/2023 Confirm with Catherine Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: 8% GST S$ 4,428.00

Loss of Rental (LOR): S$ 379.08 (3 days) X $126.36

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$ 26.75

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$ 4,983.83** **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 4,983.83	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	