15/5/2010

INS. CASE OWNER: CC3/CTI23002327/Tpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 22/11/2022 Date / Time : 22/11/2022

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBJ 8977C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22/11/2022 08:40 Place of Accident : Jln Eunos, Singapore

Is driver the owner? (YES / NO) Nature of Accident : BEFORE BEDOK RESERVOIR RD

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 2963Y → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHC 2963Y - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC4/III17015492/Dpb3q2 08/01/2018 GBE 1219E SHC 2963Y 07/08/2017 09/01/2018 LSP
NA/MSG17015281/h4 08/08/2017 CHITHAMBARAM MOHAN GBE 1219E SHC 2963Y 07/08/2017 17/08/2017 LSP
GBJ 8977C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC3/CTI22000301/Kea3q2 01/03/2022 SHD 9991P GBJ 8977C 06/01/2022 08/03/2022 HMK
NA/CTI20001810/z4 03/02/2020 LEE SHIET XIANG GBJ 8977C SFG 737A 02/02/2020 14/02/2020 HZT
NA/CTI22000238/r3 07/01/2022 LEE SHIET XIANG GBJ 8977C SHD 9991P 06/01/2022 13/01/2022 RBW

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$ 1,150.00 (2 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/06/2023 Confirm with Catherine Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S$ 1,242.00	
Loss of Rental (LOR):	S$ 250.38 (2 days) X $125.19	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]		
GIA/LTA Search	S$ 7.45	
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: $400.00
Total:	**S$** 1,599.83 **Global Sum S$:**	

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

Payee 1:	S$1,599.83	Name 1:	ComfortDelGro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	