

INS. CASE OWNER:

Ernest

CC 4, ASM

1800

0164, F3

LKK:

IDAC:

Surveyor:

Falin

DOI:

ASSIGNMENT

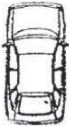
4/1/18

Date / Time :

4/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHB 95353

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

29/12/17

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

87M006AS / 24012

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHA 4204C

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:WHE  
W-INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | STAGE                                            | DATE / PIC                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|
| SHA 4204C - 24/12/2017, 9:44 AM (2017/12/24)                                                                                                              | Non-Reporting ltr (1st):                         |                                                                         |
| SHB 95353 - 01/01/2018, 3:26 PM (2018/01/01)                                                                                                              | Non-Reporting ltr (2nd):                         |                                                                         |
| * 8 mark claim                                                                                                                                            | Non-Reporting ltr (Final):                       |                                                                         |
|                                                                                                                                                           | Notification ltr (if non-pickup):                |                                                                         |
|                                                                                                                                                           | Call OI:                                         |                                                                         |
|                                                                                                                                                           | After call ltr to OI:                            |                                                                         |
|                                                                                                                                                           | <b>Documentation Check List:</b>                 | <b>Handler</b> <b>Typist</b>                                            |
|                                                                                                                                                           | Notification ltr (if non-pickup)                 | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                           | After call ltr 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"/>                       |
| <b>PRELIMINARY ADVICE</b> Date/Time:                                                                                                                      | Sent By:                                         |                                                                         |
| <b>FINALIZATION</b> Date/Time:                                                                                                                            | Confirm with:                                    | Confirm by:                                                             |
| Repair Cost: <b>P/P</b> S\$ <b>880.48</b> ( <b>2</b> days) Reduction: <b>58</b> %                                                                         |                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>13/04/2020</b> Confirm with: <b>Aileen</b>                                                                          |                                                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                |                                                  | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: <b>w/GST</b> S\$ <b>942.11</b>                                                                                                               |                                                  |                                                                         |
| Loss of Rental (LOR): S\$ <b>500.00</b> ( <b>4</b> days) x \$125.00                                                                                       |                                                  |                                                                         |
| Loss of Use (LOU): S\$ ( \$ x days)                                                                                                                       |                                                  |                                                                         |
| Loss of Income (LOI): S\$ <b>200.00</b> ( \$ <b>50</b> x <b>4</b> days)                                                                                   |                                                  |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one) |                                                  |                                                                         |
| GIA/LTA Search S\$                                                                                                                                        |                                                  |                                                                         |
| Medical: S\$                                                                                                                                              |                                                  | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                |                                                  | 2) Report Format: <b>TP</b>                                             |
| Legal Cost S\$                                                                                                                                            |                                                  | 3) Survey fee: <b>\$350.00</b>                                          |
| <b>Total:</b> S\$ <b>1,642.11</b> Global Sum S\$: <b>1,640.00</b>                                                                                         |                                                  |                                                                         |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                           | Confirm with:                                    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ <b>1,640.00</b>                                                                                                                              | Name 1: <b>ComfortDelGro Engineering Pte Ltd</b> |                                                                         |
| Payee 2: (Strike if N.A.) S\$                                                                                                                             | Name 2:                                          |                                                                         |
| Payee 3: (Strike if N.A.) S\$                                                                                                                             | Name 3:                                          |                                                                         |