

INS. CASE OWNER:

CC3 / CTI 180

16101 / K1ha39

LKK:

IDAC:

Surveyor:

DOI:

## ASSIGNMENT

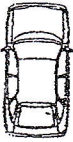
3/9/2018

Date / Time:

3/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 4720 Z

Name of Insured:

Timeswiter Bus Svs.

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

03/09/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MD. FAIZ B. KHANNA

Driver Tel No.:

97659160

(V/L: YES / NO)

Claim No.:

SNM18004310/10270

Policy No.:

Make / Model:

T. HACE

Place of Accident:

CHANNI COMH AVE 3

OI GIA REPORT: YES / NO

YES

TP GIA REPORT: YES / NO

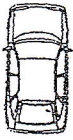
YES

Insured Liability:

%

Final? Yes / No

SHA 7316 T



INSRS:

WSP:

Tel:

Liability:

RMKS:

CDBE layers.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

13/9

SHA 7316 T - CS/PC118014631/65d3; BSA: 02/09/18  
- CS/CTI14022691/14632; BSA: 31/07/14

PC 4720 Z - X

08/11/18

- MINUS  
- ORIGINAL TP LOW IN.  
- FILE REVISED. OLD REPORTED HE  
CHANGED LANE. SEND LETTER to BUREAU  
TO OI TO NOTIFY TP CLAIM 4 NOV.  
- MAIL TO TP FOR COPY OF VIDEO FOOTAGE.  
- TP LETUS TO PROVIDE FOOTAGE  
- BELOW FOR HANDLING  
- SEND 1ST OFFER TO TP.

08/12/18

06/12/18

- RECOVERED DV. TP ACCEPTED OFFER.  
- ALL BOB IN ORDER.  
- TO CLOSE.

| 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:             | 08/11/18 - OIC                      |                          |
| Documentation Check List:         | Handler                             | Typist                   |
| Notification ltr (if non-pickup)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| After call ltr to OI:             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Authorisation To Act:             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Release Voucher:                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Final Repair Bill:                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Car Rental Invoice:               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Towing Invoice                    | <input type="checkbox"/>            | <input type="checkbox"/> |
| LTA / GIA :                       | <input checked="" 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 checked="" 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"/> |

|                                   |                                   |                                    |                                               |                                   |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------|
| PRELIMINARY ADVICE                |                                   | Date/Time:                         | Sent By:                                      |                                   |
| FINALIZATION                      |                                   | Date/Time:                         | Confirm with:                                 |                                   |
| Repair Cost:                      | LIS                               | \$S 2,150.00                       | (3 days)                                      | Reduction: 51 %                   |
| FINAL SETTLEMENT                  |                                   | Date/Time:                         | Confirm with:                                 |                                   |
| Final Liability:                  | %                                 | 100                                | (Agreed / Assessed) BOLA S/N No. : 15         |                                   |
| Repair Cost:                      | (W/GET)                           | \$S 2,300.50                       |                                               |                                   |
| Loss of Rental (LOR):             | \$S                               | 218.78                             | (2 days)                                      | x \$109.14                        |
| Loss of Use (LOU):                | \$S                               | 100.00                             | x 2 days                                      |                                   |
| Loss of Income (LOI):             | \$S                               | —                                  | (\$ x 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                               | 7.49                               |                                               |                                   |
| Medical:                          | \$S                               | —                                  |                                               |                                   |
| Disbursement:                     | \$S                               | —                                  | (e.g. Tow/ Independent)                       |                                   |
| Legal Cost                        | \$S                               | —                                  |                                               |                                   |
| Total:                            | \$S                               | 2,620.27                           | Global Sum \$S: 2,620.00                      |                                   |
| FINAL PAYMENT                     |                                   | Date/Time:                         | Confirm with:                                 |                                   |
| Payee 1:                          | \$S                               | 2,620.00                           | Name 1:                                       | COMPOROTELGRO ENGINEERING PTE LTD |
| Payee 2: (Strike if N.A.)         | \$S                               | —                                  | Name 2:                                       | —                                 |
| Payee 3: (Strike if N.A.)         | \$S                               | —                                  | Name 3:                                       | —                                 |