15/5/2010

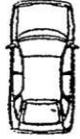| INS. CASE OWNER: | CC3 / AIG 190 13438, K da3 | LKK: |
| | | IDAC: (Juli-16/8) |

Surveyor: Kenneth   **ASSIGNMENT**   DOI: 30/7/19   Date / Time: 30/7/19 19/9

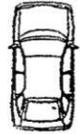Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJG5372M ✓   Claim No. : _____   W+

Name of Insured : BS Car Rental Pte Ltd ✓   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A: 29/7/2019   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**

SHB 7608 X →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans. Cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:
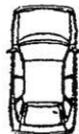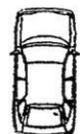
Date/ Time		SHB 7608 X - X ; SJG 5372M - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st): 19/8/19	
1/8/19	OINR sent out first letter.		Non-Reporting ltr (2nd): 19/9/19	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	

	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:	☐	☐

| **PRELIMINARY ADVICE** Date/Time: | Sent By: | Post-Repair Photos: | ☐ | ☐ |
| | | Others: | ☐ | ☐ |

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S$ 867.48 (2 days) Reduction: 97 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: WP (repudiate case)
Legal Cost	S$		3) Survey fee: $320
Total:	S$	Global Sum S$:	4) RA fee: $2.54x2

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	