15/5/2010

INS. CASE OWNER: C. Meenachi | CC6/III19021165/Aga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 28.11.19 Date / Time : 28.11.19

Registered in Merimen: 02.12.19

Pre-assign / CCU / FTE X

Insured Vehicle No. : SMP 6333L Claim No. :

Name of Insured : COMFORTDELGRO RENT-A-CAR PTE LTD Policy No. :

Insured Tel No. : 68820888 HP: Make / Model : TOYOTA PRIUS-1.8 5DR HATCHBACK (A)

Excess Sec II :S$ D.O.A : 27/11/2019 14:30 Place of Accident : PAYA LEBAR ROAD (NEAR CALTEX)

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

If NO, Driver Name / Age : TEO SOONG CHEW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97673300 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKQ 6859E → → →

INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKQ 6859E - CC4/AXA15013725/Rya3s2; DOA: 12.08.15 SMP 6333L - X Pending Surveyor Assignment Sheet.	
22/4	REJECTION - TPV ENCROACHED TO OI LANE MR YEW TO CHOP AND SIGN.	

Reject Case
By (staff) : CECILIA
Approved by : Yu
Date : 22/04/20

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: ADRIAN

Repair Cost: L/S S$ 7000.00 (6 days) Reduction: 9897 % 58 Email ☐ Call ☐

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

Final Liability:	% 0 (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: REJECT
Legal Cost	S$	3) Survey fee: $450.00
Total:	S$ Global Sum S$:	

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:	