15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20005368/Uka3

LKK:

IDAC: 168358

ASSIGNMENT

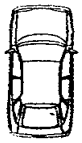
Surveyor: MARCUS

DOI: 24/04/2020

Date / Time : 23/04/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 551D

Claim No. : S0M02MYV

Name of Insured : KOMOCO CAR RENTALS PTE LTD

Policy No. : P1305555

Insured Tel No. :

HP:

Make / Model : HYUNDAI DM SANTA FE 2.4 GLS AT

Excess Sec II :S$

D.O.A : 22/04/2020 13:50

Place of Accident : ALONG TUAS SOUTH

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

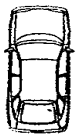
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

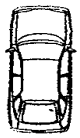
Insured Liability : % **Final ? Yes / No**

GBC 1175H → → →

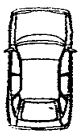


INSRS: AUTOMOBILE INTEGRATED MANAGEMENT
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBC 1175H - X		
	SLA 551D - CS/FCI17014730/R1tbn2 ; 04/07/2017	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
23/04/2020	EMAIL TO OI - OINR	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/S S$ 4000.00 (5 days) Reduction: 6723.49 % 63 Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 14/12/2020 Confirm with JACYNE Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4280.00 W/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 300.00 ($ 60.00 x 5 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: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 4580.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 4580.00	Name 1:	AUTOMOBILE INTEGRATED MANAGEMENT PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	