

INS. CASE OWNER:

CC3 / CTI 2000 7099 / T1e3

LKK:

IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**DOI: **06/07/2020**Date / Time : **06/07/2020**Registered in Merimen: **---**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLD 7911L**

Claim No. : _____

Name of Insured : **ASIA EXPRESS CAR RENTAL PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S

D.O.A : **03/07/2020**

Place of Accident : _____

Is driver the owner? (YES / **NO**)

Nature of Accident : _____

If NO, Driver Name / Age :

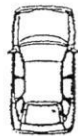
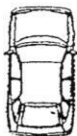
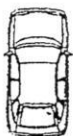
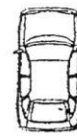
OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. :

(V/L: **YES** / NO)

Insured Liability : _____ %

Final ? Yes / No

SH 7543LINSRS:
WSP: COMFORTDELGRO
Tel : (LOYANG)
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SH 7543L : X ; SLD 7911L : X

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: **MTH**Repair Cost: **L/S** \$S **1,450.00** (**2** days) Reduction: **41** %Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: **11.09.20**Confirm with **CATHERINE**Email ☐ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**

If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** \$S **1,551.50****OID REAR ENDED TP**Loss of Rental (LOR): \$S **344.85** (**3** days) X \$114.95

Loss of Use (LOU): \$S - (\$ x days)

Loss of Income (LOI): \$S **150.00** (\$ **50** x **3** days)LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]GIA/LTA Search \$S **7.49**

Medical: \$S -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

1) Claim status: Normal/ ~~Reject/ Private Settlement~~2) Report Format: **TP**3) Survey fee: **\$400**Total: \$S **2,053.84** Global Sum \$S: **2,050.00**

FINAL PAYMENT

Date/Time: **11.09.20**Confirm with: **CATHERINE**Email ☐ Call ☐Payee 1: \$S **2,050.00** Name 1: **COMFORTDELGRO ENGINEERING PTE LTD**

Payee 2: (Strike if N.A.) \$S

Name 2:

Payee 3: (Strike if N.A.) \$S

Name 3: