

INS. CASE OWNER:

CC3 / CTI 2000 7099 / T1e3

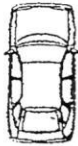
LKK:

IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE

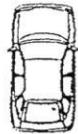
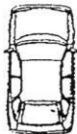
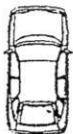
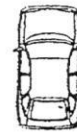
Insured Vehicle No. : **SLD 7911L**Claim No. : **—**Name of Insured : **ASIA EXPRESS CAR RENTAL PTE LTD**Policy No. : **—**Insured Tel No. : **—** HP: **—**Make / Model : **—**Excess Sec II : **SS**D.O.A : **03/07/2020**Place of Accident : **—**Is driver the owner? (YES / **NO**)Nature of Accident : **—**

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: **YES** / NO)OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **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:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$ (days) Reduction: %

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\$

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

Legal Cost S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: