

INS. CASE OWNER:

CC 3 / CTI 2000 9285 / T1es3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Taufikh

DOI:

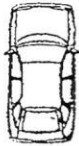
31/08/2020

Date / Time :

01/09/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKN 4852C

Claim No. :

Name of Insured : LA RENTALS PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 30/08/2020

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. :

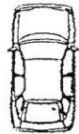
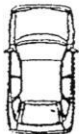
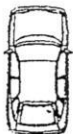
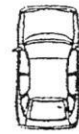
(V/L ☒ YES / NO )

Insured Liability :

%

Final ? Yes / No

SHC 8854P

INSRS:  
WSP: COMFORTDELGRO  
Tel : (LOYANG)  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                | SHC 8854P : NA/CTI20009246/r3 ; DOA : 30/08/2020<br>SKN 4852C : NA/CTI20008504/z4 ; DOA : 14/08/2020 | 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)                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                           |                                                                                                      | Others:                                                      | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE                                                                                                                        | Date/Time: Sent By:                                                                                  |                                                              |                                                   |
| FINALIZATION                                                                                                                              | Date/Time: Confirm with:                                                                             | Confirm by:                                                  |                                                   |
| Repair Cost:                                                                                                                              | S\$ ( days) Reduction: %                                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| FINAL SETTLEMENT                                                                                                                          | Date/Time: Confirm with:                                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [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:                                            |                                                   |
| Legal Cost                                                                                                                                | S\$                                                                                                  | 3) Survey fee:                                               |                                                   |
| Total:                                                                                                                                    | S\$ Global Sum S\$:                                                                                  |                                                              |                                                   |
| FINAL PAYMENT                                                                                                                             | Date/Time: Confirm with:                                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                  | S\$ Name 1:                                                                                          |                                                              |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                 | S\$ Name 2:                                                                                          |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                 | S\$ Name 3:                                                                                          |                                                              |                                                   |