

INS. CASE OWNER:

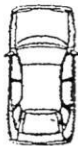
CC 6 / CTI 2000 9287 / Kgs3

LKK:
IDAC:

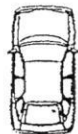
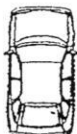
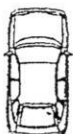
ASSIGNMENT

Surveyor: KennethDOI: 01/09/2020Date / Time : 01/09/2020Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 7505RClaim No. : Name of Insured : HAMSTER CAR RENTAL PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II : S\$ D.O.A : 28/08/2020Place 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 / NODriver Tel No. : (V/L: ☒ YES / NO)Insured Liability : % Final ? Yes / No

GBF 3866T

INSRS:
WSP: CITY AUTO
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS: INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBF 3866T : NA/INC20009147/z4 ; DOA 28/08/2020 SLF 7505R : CS/CTI20009193/Asf3 ; DOA : 28/08/2020	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)	☐ ☐
		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: <u> </u> Sent By: <u> </u>	Confirm with:	Confirm by:
FINALIZATION	Date/Time: <u> </u> Confirm with: <u> </u>	Repair Cost: <u>L/S</u> S\$ <u>\$8,850.00</u> (<u>6</u> days) Reduction: <u>\$6,036.00</u> % <u>41</u>	Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: <u>15/05/2021</u> Confirm with: <u>VRONICA</u>	Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0%</u>
	Repair Cost: S\$ <u>9,469.50</u> W/GST		
	Loss of Rental (LOR): S\$ <u> </u> (<u> </u> days)		
	Loss of Use (LOU): S\$ <u>420.00</u> (\$ <u>60</u> x <u>7</u> days)		<u>C.C (OI 3RD)</u>
	Loss of Income (LOI): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)		
	LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
	GIA/LTA Search S\$ <u>7.45</u>		
	Medical: S\$ <u> </u>		1) Claim status: <u>Normal</u> /Reject/Private Settle
	Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
	Legal Cost S\$ <u> </u>		3) Survey fee: <u>\$400.00</u>
	Total: S\$ <u>9,896.95</u> Global Sum S\$: <u> </u>		
FINAL PAYMENT	Date/Time: <u> </u> Confirm with: <u> </u>	Email ☒ Call ☐	
	Payee 1: S\$ <u>9,896.95</u> Name 1: <u>CITY AUTO PTE LTD</u>		
	Payee 2: (Strike if N.A.) S\$ <u> </u> Name 2: <u> </u>		
	Payee 3: (Strike if N.A.) S\$ <u> </u> Name 3: <u> </u>		