INS. CASE OWNER:	**CC6/III20011473/Uba3**
	LKK:
	IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **22/10/2020** Date / Time : **22/10/2020**

Registered in Merimen: **22/10/2020**

Pre-assign / CCU / FTE

|				
Insured Vehicle No.	: **SKX 4711Z**	Claim No.	:	
Name of Insured	: **COMFORTDELGRO RENT-A-CAR PTE.LTD**	Policy No.	: **M460802**	
Insured Tel No.	: HP:	Make / Model	: **NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD**	
Excess Sec II :S\$	D.O.A : **21/10/2020 07:30**	Place of Accident	: **KPE/MCE FILTER TOWARDS PIE/TUAS EXIT**	
Is driver the owner?	(YES / NO) Nature of Accident :			

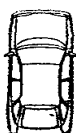If **NO**, Driver Name / Age : **VIPUL SIKKA** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGW 6548T → → →
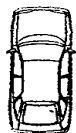
INSRS: WSP: **CHOO MOTOR** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
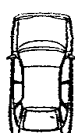
Date/ Time		STAGE	DATE / PIC
	SGW 6548T - X **SKX 4711Z - X**	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

	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:		

28/12/2020 — **SETTLED AND CLOSED / NO PHY FILE**

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: **L/S** S\$ **5,000.00** (**4** days) Reduction: **67.64** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **09/12/2020** Confirm with **SHI YING** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ **5,000.00**		
Loss of Rental (LOR):	S\$ (days)	**OID rear-ended TP**	
Loss of Use (LOU):	S\$ **250.00** (\$ **50** 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\$ **7.45**		
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: **600.00**	
Total:	S\$ **5,257.45** **Global Sum S\$: 5,200.00**		

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S\$ **5,200.00**	Name 1: **CHOO MOTOR SPRAY PAINTER**
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: