

15/5/2010

INS. CASE OWNER:

CC3/CTI21002843/Ges3

LKK:

IDAC:

ASSIGNMENT

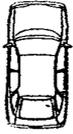
Surveyor: XGQ

DOI: 01/03/2021

Date / Time : 03/03/2021

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SLT 7807X

Claim No. : _____

Name of Insured : L H Car Rental Pte Ltd

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 28/02/2021

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

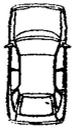
If NO, Driver Name / Age :

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

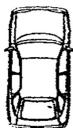
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

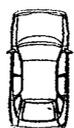
SHD 3054J



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



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 3054J : SLT 7807X :	CS/ASM21002824/d3 ; DOA : 28/02/2021	
	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: XGQ

Repair Cost: L/S \$ 2,700.00 (4 days' Reduction: 50 % Email Call

FINAL SETTLEMENT Date/Time: 23.11.21 Confirm with CATHERINE Email Call

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : 19 If NO or B 28, Ass. Lia :

Repair Cost GST: \$2,889.00 \$ 1,444.50 BOTH PARTY CHANGED INTO THE SAME LANE

Loss of Rental (LOR) \$387.35 \$ 193.67 (3.5 days) X \$110.67

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

Loss of Income (LOI) \$175 \$ 87.50 (\$50 x 3.5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$7.49 \$ 7.49

Medical: - \$ - 1) Claim status: Normal/Reject/Private Settlement

Disbursement: - \$ - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost - \$ - 3) Survey fee: \$400

Total: \$3,458.84 \$ 1,733.16 Global Sum \$\$: 1,730.00

FINAL PAYMENT Date/Time: 23.11.21 Confirm with: CATHERINE Email Call

Payee 1: \$ 1,730.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD

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

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