15/5/2010

INS. CASE OWNER: CC6/III21003301/Ugs3

LKK:

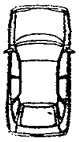
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 12/03/2021 Date / Time : 12/03/2021

Registered in Merimen: 12/03/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 1503P Claim No. :

Name of Insured : COMFORTDELGRO RENT-A-CAR PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

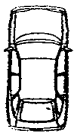
Excess Sec II :S$ D.O.A : 11/03/2021 Place of Accident :

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

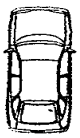
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

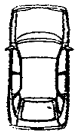
SDW 3033S → → →



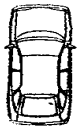
INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SDW 3033S : CC6/AIG12000642/Ua2r1k2 ; DOA : 06/01/2012	**STAGE** **DATE / PIC**
	SMC 1503P : 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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $2,000.00 (2 days)	Reduction: $5,674.73 % 74	Email Call
FINAL SETTLEMENT	Date/Time: 28/09/2021	Confirm with JASON	Email ✓ Cal
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2000.00	S$ 1,000.00		
Loss of Rental (LOR):	S$ (days)		* CONFLICTING VERSION *
Loss of Use (LOU): 160	S$ 80.00 ($80 x 2 days)		
Loss of Income (LOI):	S$ ✓ ($ x days)		
LOR only LOU only ✓	LOR + LOU LOR + LO	[**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: $350.00
Total:	**S$** 1,087.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ✓ Cal
Payee 1:	S$ 1,087.45	Name 1:	CHOO MOTOR SPRAY PAINTER	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		