

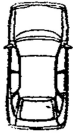
15/5/2010

INS. CASE OWNER:

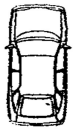
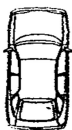
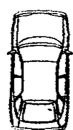
CC3/CTI21008961/Ves3

LKK:

IDAC:

ASSIGNMENTSurveyor: ThevanDOI: 24/08/2021Date / Time : 25/08/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : SLD 359CClaim No. : Name of Insured : RABBIT CAR RENTAL PTE LTDPolicy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :S\$ D.O.A : 24/08/2021Place 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**SHA 2993XINSRS:
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
SHA 2993X : CC4/III19014584/Upa3q2 ; DOA : 15/08/2019	Non-Reporting ltr (1st):	
SLD 359C : NA/INC19021107/z4 ; DOA : 29/11/2019	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler
	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>		
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u>TTK</u>		
Repair Cost: <u>P/P</u> S\$ <u>3,569.04</u> (<u>3</u> days' Reduction: <u>37</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>08.11.21</u> Confirm with: <u>CATHERINE</u> Email ☐ Call ☐		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>11c</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>3,818.87</u>	<u>TP MAKE A UTURN, OI EXIT FROM SLIP ROAD</u>	
Loss of Rental (LOR): S\$ <u>438.17</u> (<u>3.5</u> days) X \$125.19		
Loss of Use (LOU): S\$ <u>-</u> (\$ <u> </u> x <u> </u> days)		
Loss of Income (LOI): S\$ <u>175.00</u> (\$ <u>50</u> x <u>3.5</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]		
GIA/LTA Search S\$ <u>7.49</u>		
Medical: S\$ <u>-</u>	1) Claim status: Normal/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</u>	
Total: S\$ <u>4,439.53</u> Global Sum S\$: <u>4,430.00</u>		
FINAL PAYMENT Date/Time: <u>08.11.21</u> Confirm with: <u>CATHERINE</u> Email ☐ Call ☐		
Payee 1: S\$ <u>4,430.00</u> Name 1: <u>COMFORTDELGRO ENGINEERING 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>		