

15/5/2010

INS. CASE OWNER:

CC4/AIG21009927/Nes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Naz

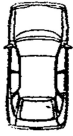
DOI:

23/09/2021

Date / Time :

23/09/2021

Registered in Merimen:

23/09/2021**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SMS 412R**
 Name of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.**

Claim No. : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **23/09/2021**

Place of Accident : _____

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

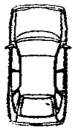
If NO, Driver Name / Age :

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

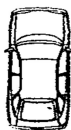
Driver Tel No. :

(V/L: **YES** / NO)

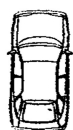
Insured Liability : %

Final ? Yes / No**SHA 8833K**

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
SHA 8833K : NA/TMI16017153/h4 ; DOA : 12/09/2016	Non-Reporting ltr (1st):	
SMS 412R : X	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: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: NAZ		
Repair Cost: L/S S\$ 1,300.00 (2 days' Reduction: 28 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 27.12.21 Confirm with JIM	Email ☐ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,391.00	OID REAR ENDED TP	
Loss of Rental (LOR): S\$ 188.10 (1.5 days) x \$125.40		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ 75.00 (\$ 50 x 1.5 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☒ [Tick only one]		
GIA/LTA Search S\$ 7.49		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$320	
Total: S\$ 1,661.59 Global Sum S\$: 1,660.00		
FINAL PAYMENT Date/Time: 27.12.21 Confirm with: JIM	Email ☐ Call ☐	
Payee 1: S\$ 1,660.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		