15/5/2010

LKK:	
IDAC:	

INS. CASE OWNER: **CC4/AIG21010795/T1gs3**

ASSIGNMENT

Surveyor: **Taufikh**   DOI: **22/10/2021**   Date / Time : **20/10/2021**

Registered in Merimen: **20/10/2021**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLW 268G**   Claim No. : _____

Name of Insured : DAIMLER FLEET MANAGEMENT PTE LTD   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **17/10/2021**   Place of Accident : PASIR RIS DRIVE 1 TOWARDS LOYANG

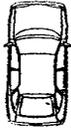Is driver the owner? (YES / [NO]) Nature of Accident : _____

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

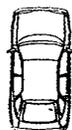Driver Tel No. : _____ (V/L:[YES]/ NO) Insured Liability : ___ % **Final ? Yes / No**

SMT 6344J ⟶ _____ ⟶ _____ ⟶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: CARZ AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMT 6344J : X ; SLW 268G : X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	CLAMAINT: KAZ AUTO PTE LTD	Notification ltr (if non-pickup):	
		Call OI:	
	TPV: MB CLA180 - 1332cc	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$ **3,400.00** (**3** days) Reduction: **4,494.60** % **57**   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **24/01/2022** Confirm with **JESLYN**   Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **28**	If NO or B 28, Ass. Lia : **0%**
Repair Cost:	S$ 3,638.00 W/GST	
Loss of Rental (LOR):	S$ (days)	C.C (OI 2ND)
Loss of Use (LOU):	S$ 150.00 ($ **50** x **3** 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: $320.00
Total:	S$ 3,795.45 **Global Sum S$:** 3,750.00	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ✓ Cal ☐

Payee 1:	S$ 3,750.00	Name 1: CARZ AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: