15/5/2010

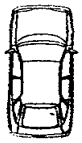
INS. CASE OWNER: PRIYA | CC4/III22008301/Tpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 23/08/2022 Date / Time : 23/08/2022

Registered in Merimen: 23/08/2022 BY WKSP

Pre-assign / CCU / FTE



Insured Vehicle No. : SNB 8515C Claim No. :

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

Insured Tel No. : HP: Make / Model :

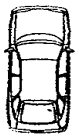
Excess Sec II :S$ D.O.A : 22/08/2022 09:20 Place of Accident :

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

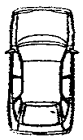
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

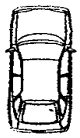
SH 6515A → → →



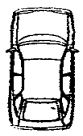
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SH 6515A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By

CA/AIG09015512/e1 13/07/2009 LIONG YAT LOON SBK 62P SH 6515A 12/07/2009 16/07/2009 TWI

CC3/AIG10023824/Djf2k2 12/03/2011 SH 6515A SFR 301R 23/11/2010 16/03/2011 KWS

CC3/TMI12020232/H1vk3 02/11/2012 SH 6515A SGB 7122S 11/10/2012 05/11/2012 CMI

CS/III09023497/Afg1 12/11/2009 SBK 62P SH 6515A 12/07/2009 13/11/2009 LPY

CS/RSI12009659/M1qk3 06/07/2012 SH 6515A SJC 2705C 07/05/2012 06/07/2012 SSC

CS/TMI15018648/H1gbq2 02/12/2015 SH 6515A SKS 275T 31/10/2015 14/12/2015 CCY

NS/INC11002537/H1r1 21/02/2011 SH 6515A SDD 626B 03/02/2011 23/02/2011 YYF

NS/INC20008007/T1sf3e2 13/08/2020 SH 6515A SLS 9723X 30/07/2020 13/08/2020 LST

SNB 8515C - X

STAGE	DATE / PIC
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	