INS. CASE OWNER: CC 6/ AIG1900 7870 / Akaa3 kg

LKK:

IDAC:

Surveyor: Lwp

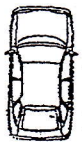
ASSIGNMENT

DOI: 3/5/19

Date / Time : 3/5/19

Registered in Merimen: 5/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT5233M

Name of Insured : HITACHI CAPITAL ASIA PACIFIC PTE

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/4/19

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

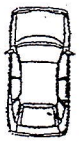
Place of Accident :

Nature of Accident :

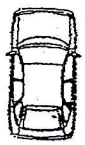
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

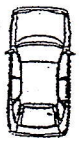
SLD 4956C →



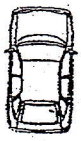
INSRS:
WSP: Xin Hua
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJT5233M ~~AIA1900 7870 C2~~ ; DOA: 28/4/19
	SLD 4956C - X
14/5/19	Called OIN, no response

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:	28/5/19 Chandrima

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: LIS S$ 5,500 (5 days) Reduction: 66 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 25/2/2021 Confirm with Kelvin. Email ☑ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15
Repair Cost:	S$ 5500.00	
Loss of Rental (LOR):	S$ 749.00 (7 days) x $107 (w/GST)	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	S$ 7.45	
Medical:	S$	
Disbursement:	S$ (e.g. Tow/ Independent)	
Legal Cost	S$	
Total:	S$ 6256.45	**Global Sum S$:**

If NO or B 28. Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $320.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 6256.45	Name 1:	Xin Hua Workshop Pte Ltd.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	