15/5/2010

INS. CASE OWNER: CC 6/CTI1901 3706 / A d63

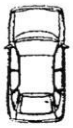
LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26/7/19

Registered in Merimen: /

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH 6756T

Name of Insured : HENG GUAN FOOD INDUSTRIES PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 17/7/19.

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

If **NO**, Driver Name / Age : UM CHEE HAN FRANCIS.

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

Claim No. : SNM19DW03384

Policy No. : OMCVSW1824642800

Make / Model : TOYOTA

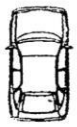
Place of Accident : OPEN CP 861 NORTH BRIDGE RD

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

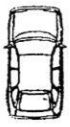
Insured Liability : % **Final ? Yes / No**

SKW 7896 → _____ → _____ → _____

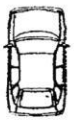
INSRS:
WSP:
Tel : F-1
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKW 7896 – K GBH 6756T – T

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$ 1058.40 (2 days) Reduction: 93 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/08/2020 Confirm with Chris Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : N/C If NO or B 28, Ass. Lia :

Repair Cost: S$ 1058.40 OI HIT PARKED VEH

Loss of Rental (LOR): S$ – (days)

Loss of Use (LOU): S$ 240.00 (S 80 x 3 days)

Loss of Income (LOI): S$ – (S x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**

GIA/LTA Search S$ –

Medical: S$ –

Disbursement: S$ – (e.g. Tow/ Independent)

Legal Cost S$ –

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $400

Total: **S$ 1298.40** **Global Sum S$:**

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

Payee 1:	S$ 1298.40	Name 1:	F-1 Autoclinic Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	