15/5/2010

INS. CASE OWNER: CC4/LPC19017922/Kha3

LKK:

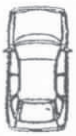
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 18/10/2019 Date / Time : 09/10/2019

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 201S Claim No. : 18/19/19/VC00/022453

Name of Insured : REFLECT TRADING Policy No. : Z/18/VC00/102569

Insured Tel No. : —— HP: —— Make / Model : TOYOTA HIACE VAN TURBO 5 DR MANUAL

Excess Sec II :S$ —— D.O.A : 01/10/2019 11:25 Place of Accident : HAVELOCK ROAD

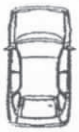
Is driver the owner? (YES / NO) Nature of Accident : ——

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

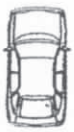
Driver Tel No. : +65-96518090 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKR 1992E → —— → —— → ——

INSRS:
WSP: S&H
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKR 1992E - X GBD 201S - CC4/LPC19002931/Jda3q2; DOA: 13/2/19 - CS/FCI16011620/T1th3n2; DOA: 20/6/16
	TP ACCEPTED OFFER. SETTLED.

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: L/S	S$ 4,200.00 (7 days) Reduction: 51 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/03/2020	Confirm with MS WONG	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/gst	S$ 4,494.00		(OI CHANGED LANE)
Loss of Rental (LOR):	S$ 800.00 (8 days)	X $100.00	
Loss of Use (LOU):	S$ -- ($ 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: TP
Legal Cost	S$ --		3) Survey fee: 400.00
Total:	S$ 5,294.00	**Global Sum S$:** --	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,294.00	Name 1: S & H MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S$ --	Name 2: --	
Payee 3: (Strike if N.A.)	S$ --	Name 3: --	