

INS. CASE OWNER:

CC 4 / LPC1902 0480, T246322

LKK:  
IDAC:

Surveyor:

Tantirh.

DOI:

ASSIGNMENT

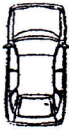
27/11/19

Date / Time:

19/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBE 5192X

Claim No.:

19/11/19/VC05/022640

Name of Insured:

SAM LAIN EQUIPMENT SERVICES PTE LTD

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

Place of Accident:

Is driver the owner?

(YES (NO))

Nature of Accident:

If NO, Driver Name / Age:

ANDIYAPPAN ARUMUGAM

OI GIA REPORT:

YES/NO

TP GIA REPORT: YES/NO

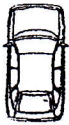
Driver Tel No.:

(V/L (YES) / NO)

Insured Liability: %

Final ? Yes / No

SMK 8011D



INSRS:

WSP:

Tel:

Liability:

RMKS:

WSP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

| Date / Time                                                                                                                                                         | 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)              | <input type="checkbox"/>            |
|                                                                                                                                                                     | After call ltr to OI:                         | <input type="checkbox"/>            |
|                                                                                                                                                                     | Authorisation To Act:                         | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Release Voucher:                              | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Final Repair Bill:                            | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Car Rental Invoice:                           | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Towing Invoice:                               | <input type="checkbox"/>            |
|                                                                                                                                                                     | LTA / GIA:                                    | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Medical Bill:                                 | <input type="checkbox"/>            |
|                                                                                                                                                                     | PIR:                                          | <input type="checkbox"/>            |
|                                                                                                                                                                     | Mandate/Reject Instruction:                   | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | LOD:                                          | <input checked="" type="checkbox"/> |
|                                                                                                                                                                     | Payment Breakdown Form:                       | <input type="checkbox"/>            |
|                                                                                                                                                                     | Post-Repair Photos:                           | <input type="checkbox"/>            |
|                                                                                                                                                                     | Others:                                       | <input type="checkbox"/>            |
| PRELIMINARY ADVICE Date/Time: 02/12/19 Sent By: bs                                                                                                                  |                                               |                                     |
| FINALIZATION Date/Time: Confirm with: Confirm by:                                                                                                                   |                                               |                                     |
| Repair Cost: S\$ 3,783.36 ( 4 days) Reduction: 9 % Email <input type="checkbox"/> Call <input type="checkbox"/>                                                     |                                               |                                     |
| FINAL SETTLEMENT Date/Time: 17/02/2020 Confirm with: 119 TBS Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                |                                               |                                     |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 23                                                                                                         | If NO or B 28, Ass. Lia:                      |                                     |
| Repair Cost: (w/ GST) S\$ 4,048.20                                                                                                                                  | COID HIT PRK666 TP)                           |                                     |
| Loss of Rental (LOR): S\$ 500.00 ( 5 days) x \$100                                                                                                                  |                                               |                                     |
| Loss of Use (LOU): S\$ - (\$ x days)                                                                                                                                |                                               |                                     |
| Loss of Income (LOI): S\$ - (\$ x days)                                                                                                                             |                                               |                                     |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                               |                                     |
| GIA/LTA Search S\$ 2.00                                                                                                                                             |                                               |                                     |
| Medical: S\$ -                                                                                                                                                      | 1) Claim status: Normal/Reject/Private Settle |                                     |
| Disbursement: S\$ - (e.g. Tow/ Independent)                                                                                                                         | 2) Report Format:                             |                                     |
| Legal Cost S\$ -                                                                                                                                                    | 3) Survey fee: \$150.00                       |                                     |
| Total: S\$ 4,550.20 Global Sum S\$: -                                                                                                                               |                                               |                                     |
| FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                                                                 |                                               |                                     |
| Payee 1: S\$ 4,550.20 Name 1: CYS AUTOMOBILE SERVICES PTE LTD                                                                                                       |                                               |                                     |
| Payee 2: (Strike if N.A.) S\$ - Name 2: -                                                                                                                           |                                               |                                     |
| Payee 3: (Strike if N.A.) S\$ - Name 3: -                                                                                                                           |                                               |                                     |