15/5/2010

INS. CASE OWNER:

CC4/LPC19020665/Kda3

LKK:

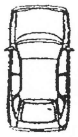
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21.11.2019 Date / Time : 21.11.2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 4513E

Name of Insured : SINO NEW STEEEL PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 20/11/19 09:45

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

If **NO**, Driver Name / Age : SETHURAJAN SABARI

Driver Tel No. : +65-93572541 (V/L: YES / NO)

Claim No. : 19/19/19/VC00/022673

Policy No. : Z/19/VC00/105098

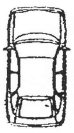
Make / Model : MITSUBISHI CANTER

Place of Accident : JURONG WEST AVE 1

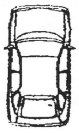
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

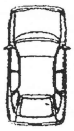
SMQ 8898E → _____ → _____ → _____



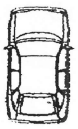
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	YP 4513E - X	SMQ 8898E - X	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$ 14523.40 (7 days) Reduction: 19 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23/9/2020	Confirm with Jure	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 15540.04		
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 900.00 ($ 100 x 9 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 8.00		
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: $400
Total:	**S$ 16448.04**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 16448.04	Name 1:	Cheng Hoe Motor Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		