

15/5/2010

INS. CASE OWNER:

TEO Kitty
6568804602

CC4/ASM19022970/Gpa3

LKK:

IDAC:

153926

ASSIGNMENT

Surveyor:

XGQ

DOI: 02/01/2020

Date / Time : 31/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

* VIRTUAL *



Insured Vehicle No. : GY 7663B

Claim No. : S9M02BNX

Name of Insured : CITY COOL ENGINEERING & TRADING SERVICES

Policy No. : GA304023

Insured Tel No. : HP:

Make / Model : NISSAN URVAN-3.0 LWB 5DR 4AT ABS A/B (M)

Excess Sec II :S\$

D.O.A : 28/12/2019 13:00

Place of Accident : TEMASEK AVENUE SUNTEC TOWER 4

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : KANNAN VIGNESH

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

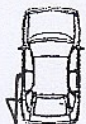
Driver Tel No. : +65-96245474

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLS 5747D

INSRS:
WSP: PROGRESSIVE

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time	SLS 5747D - X	GY 7663B - X	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: PIP

SS 2440.74

(6 days)

Reduction: 71

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 21/10/2020

Confirm with: Pef Nien

Email ☒Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 10.

If NO or B 28, Ass. Lia :

Repair Cost: W/AST

SS 2611.59

Loss of Rental (LOR) W/AST

SS 770.40

(6 days)

X \$120.00

Loss of Use (LOU):

SS -

(\$

x

days)

Loss of Income (LOI):

SS -

(\$

x

days)

LOR only ☒LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS 2.00

Medical:

SS -

Disbursement:

SS 42.00 (Audit Fee) (e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

Legal Cost

SS -

2) Report Format: TP

3) Survey fee: \$ 350.00

Total:

SS 3425.99

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS 2655.59

Name 1:

Progressive Car Care Pte Ltd

Payee 2: (Strike if N.A.)

SS 770.40

Name 2:

BKW Rent-A-Car Pte Ltd

Payee 3: (Strike if N.A.)

SS -

Name 3: