15/5/2010

INS. CASE OWNER: CC4/LPC20000559/Ada3

LKK:

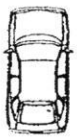
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 08/01/2020 Date / Time: 07/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 2796Z

Name of Insured : EATZ CATERING SVS P/L

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/01/2020 11:20

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

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

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

Claim No. : 19/20/20/VC05/022876

Policy No. :

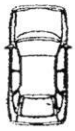
Make / Model :

Place of Accident : 3017 BEDOK NORTH ST 5(GOURMET EAST KITCHEN)

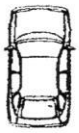
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

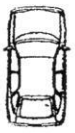
GBE 9228B → ——— → ——— → ———



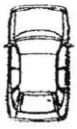
INSRS:
WSP: ZERO GRAVITY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 9228B GBE 2796Z NA/INC20000276/r3; DOA: 06/01/2020
1/4/2020	FILE PASS TO TYPE MANDATE

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$ 3500.00 (4 days) Reduction: 63 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26/8/2020 Confirm with Tiffany Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26 If NO or B 28, Ass. Lia :

Repair Cost: S$ 3500.00

Loss of Rental (LOR): S$ 600.00 (6 days) × $100

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$ 7.45

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$ 4107.45 **Global Sum S$:**

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

Payee 1:	S$ 4107.45	Name 1:	Zero Gravity
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	