15/5/2010

INS. CASE OWNER: CC3/LPC20000787/Ada3

LKK:
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 13/01/2020 Date / Time : 10.01.2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 240Z

Name of Insured : TENG LAN SIONG

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/01/2020

Is driver the owner? (YES / NO)

Claim No. : 19/20/20/VP05/022898

Policy No. : Z/19/VP05/024929-001

Make / Model : MERCEDES-BENZ E300-3.0 (A)

Place of Accident : BEDOK SOUTH ROAD

Nature of Accident :

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

Driver Tel No. : +65-82844508 (V/L: YES / NO)

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

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

SGW 3518A → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGW 3518A - NA/INC14024149/r3; DOA: 27.12.14
	~~SMD 240Z NA/AIG20000716/z4; DOA: 10.01.2020~~

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$ 5,500.00 (9 days) Reduction: 64 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/07/2020 Confirm with Mei Ni Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9(b)	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,500.00	
Loss of Rental (LOR):	S$ 1,650.00 (11 days) X $150	
Loss of Use (LOU):	S$ - ($ 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$ -	1) Claim status: Normal/~~[illegible]~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $400
Total:	S$ 7,157.45 **Global Sum S$:** 7,140.00	

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

Payee 1:	S$ 7,140.00	Name 1:	Zero Gravity
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	