

INS. CASE OWNER:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 07/02/2020 Date / Time: 07/02/2020
 Registered in Merimen: —

Pre-assign / CCU / FTE

X



Insured Vehicle No. : GBH 806B
 Name of Insured : LIANG AND HOW CONTRACTOR PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II : S\$ _____ D.O.A : 09/01/2020 20:05
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : DMCPHQ19-002521
 Make / Model : RENAULT KANGOO II EXPRESS 1.5L DCI 90 BHF
 Place of Accident : PIE EXIT 19 TOWARDS JURONG (BEFORE FLYOVER)

If NO, Driver Name / Age : ALI MD OMAR
 Driver Tel No. : +65-82281103 (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

GBH 806B

SLV 2075M

SKF 1613M



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS: OI



INSRS:
 WSP: INDECO
 Tel :
 Liability :
 RMKS: TP



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SLV 2075M - X	GBH 806B - 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: S\$ 2,956.69 (4 days) Reduction: 31 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/04/2020 Confirm with Mr Tan

Email ☒ Call ☐
 If NO or B 28, Ass. Lia : 100%

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

Repair Cost: w/GST S\$ 3,163.66

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ 280.00 (\$ 70 x 4 days)

Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ _____

Disbursement: S\$ 50.00 (e.g. ☒ For / Independent)

Legal Cost S\$ _____

1) Claim status: Normal ☒ ☐ ☐

2) Report Format: TP

3) Survey fee: 400.00

Total: S\$ 3,495.66 Global Sum S\$ 3,490.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 3,490.00

Name 1: INDECO ENGINEERS PTE LTD

Payee 2: (Strike if N.A.) S\$ _____

Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____

Name 3: _____