

15/5/2010

OH Vale
6568804897

CC4/ASM20002378/Uga3

LKK:
IDAC: 159993

INS. CASE OWNER:

ASSIGNMENT

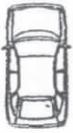
Surveyor: MARCUS

DOI: 11/02/2020

Date / Time: 11/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : ~~YN 1693Z~~ YN 8312C
 Name of Insured : HUB DISTRIBUTORS SERVICES PTE LTD
 Insured Tel No. : _____ HP: 65674755
 Excess Sec II :\$S _____ D.O.A : 10/02/2020 11:20
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S0M02FYY
 Policy No. : P1633495
 Make / Model : MITSUBISHI FUSO FM65FM2RDEB
 Place of Accident : CLEMENTI AVE 6 EXIT TWDS PIE

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

~~YN 1693Z~~
YN 8312C

SMA 3822R

YN 1693Z



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|--|---|---|
| | SMA 3822R NA/CTI20002339/h4; DOA: 10.02.2020 | |
| | YN 8312C NA/EQI20002336/h4; DOA: 10.02.2020 | |
| | OINR. To send out first letter. File pass to Su Li. | |
| | 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) | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| FINALIZATION Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: L/S S\$ 33,000.00 (15 days) Reduction: 49,885.62 % 56 | | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 02/06/2020 Confirm with SHI YING | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 | | If NO or B 28, Ass. Lia : 100% |
| Repair Cost: (W/GST) S\$ 35,310.00 | | C.C (OI LAST) |
| Loss of Rental (LOR): S\$ (days) | | |
| Loss of Use (LOU): S\$ 1360.00 (\$ 80 x 17 days) | | |
| Loss of Income (LOI): S\$ (\$ x days) | | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | |
| GIA/LTA Search S\$ 2.00 | | |
| Medical: S\$ | | 1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle |
| Disbursement: S\$ 60.00 (e.g. <input type="checkbox"/> TP / Independent) | | 2) Report Format: TP |
| Legal Cost S\$ | | 3) Survey fee: \$350.00 |
| Total: S\$ 36,732.00 Global Sum S\$: 36,500.00 | | |
| FINAL PAYMENT Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1: S\$ 36,500.00 | Name 1: <u>FASTECH AUTO PTE LTD</u> | |
| Payee 2: (Strike if N.A.) S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) S\$ | Name 3: | |