

INS. CASE OWNER: **Bennie Tan**

CC4/AIG20003577/Bda3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **MR . LIM** DOI: **03/03/2020** Date / Time : **03/03/2020**
Registered in Merimen: **04/03/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKF 7887A**
Name of Insured : **PANG CHAN YEW DERRICK**
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **29/02/2020**
Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : **8765765940SG**
Policy No. : **1900150695**
Make / Model : **TOYOTA VELLFIRE-2.5 (A)**
Place of Accident : **CTE**

If NO, Driver Name / Age : **AMOS PANG JUN JIE** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : **+65-90627898** (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKG 3398R



INSRS:
WSP: **RALLY**
Tel: **PITSTOP**
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SKG 3398R - CS/INC14021500/R1qbk3 ; 06/01/2014	Non-Reporting ltr (1st):	
NA/FWD20003392/z4 ; 29/02/2020	Non-Reporting ltr (2nd):	
NA/INC14000276/r3 ; 06/01/2014	Non-Reporting ltr (Final):	
SKF 7887A - X	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 checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" 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: S\$ **8,450.00** (**8** days) Reduction: **37** % Email Call

FINAL SETTLEMENT Date/Time: **14/02/2020** Confirm with **Terrence** Email Call
Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **100%**

Repair Cost: S\$ **8,450.00**

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

Loss of Use (LOU): S\$ **720.00** (\$ **80** x **9** 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\$ -

Total: S\$ **9,177.45** **Global Sum S\$: 9,150.00**

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

Payee 1: S\$ **9,150.00** Name 1: **Rally Pitstop**

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

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

- 1) Claim status: Normal ~~Subject to BOLA~~
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**