

INS. CASE OWNER:

CC4/LPC20003661/

ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

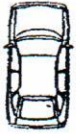
DOI: _____

Date / Time : **04/03/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTE

X

Insured Vehicle No. : **GBG 7408B**Claim No. : **19/20/20/VC05/023132**Name of Insured : **CARPENTRIES IDENTITY PTE LTD**Policy No. : **Z19VC05002220**

Insured Tel No. : _____ HP: _____

Make / Model : **NISSAN CABSTAR-3.0 5M/T ABS**Excess Sec II :S\$ _____ D.O.A : **29/02/2020 14:30**Place of Accident : **JALAN JURONG KECHIL**Is driver the owner? (YES / **NO**) Nature of Accident : _____If NO, Driver Name / Age : **ISLAM MOHAMMED JAHIRUL**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-97155809** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SLE 590U**INSRS:
WSP: **KAH MOTOR**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SLE 590U - X	GBG 7408B - X	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$ 16,454.48	(12 days) Reduction: 6,676.33/29%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 24/8/2020	Confirm with Desmond	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (w/ GST)	S\$ 17,606.29			
Loss of Rental (LOR):(w/GST)	S\$ 1,391.00	(13 days) X \$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\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$		2) Report Format: TP	
Total:	S\$ 18,997.29	Global Sum S\$:	3) Survey fee: \$ 400	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 18,997.29	Name 1: Kah Motor Co Sdn Bhd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		