15/5/2010

INS. CASE OWNER:

CC6/AIG20005239/Uba3

LKK:

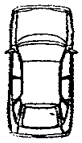
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 16/04/2020 Date / Time : 16/04/2020

Registered in Merimen: 16/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 1495D Claim No. : 8541996235SG

Name of Insured : UNITED PARCEL SERVICE SINGAPORE PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model : TOYOTA HIACE

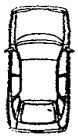
Excess Sec II :S$ D.O.A : 13/03/2020 Place of Accident : CENTRAL GREEN CONDOMINIUM

Is driver the owner? (YES / NO) Nature of Accident : 1 JALAN MEMBINA

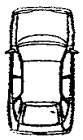
If **NO**, Driver Name / Age : YANG LILI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :98254933 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

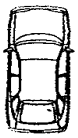
FBK 3722Z → → →



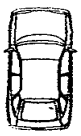
INSRS:
WSP: BAN HOCK HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBK 3722Z - X GBD 1495D - X	
04/12/2020	SETTLED AND CLOSED / NO PHY FILE	

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: L/S S$ 1,800.00 (4 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/12/2020 Confirm with RAYMOND Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,926.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 80.00 ($ 20 x 4 days)	OID reversed and collided to parked vehicle .
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/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320.00
Total:	**S$** 2,013.45 **Global Sum S$:** 2,000.00	

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

Payee 1:	S$ 2,000.00	Name 1:	BAN HOCK HIN CO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	