15/5/2010

INS. CASE OWNER: Lee, Ming-Yao

CC6/AIG20005321/Uga3

LKK:

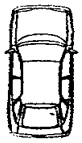
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 20/04/2020 Date / Time : 20/04/2020

Registered in Merimen: 21/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 104D Claim No. : 9582577302SG

Name of Insured : XI DE LI PTE LTD Policy No. : 1900207238

Insured Tel No. : 67499018 HP: Make / Model : ISUZU NHR85AUE4A R1

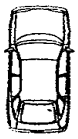
Excess Sec II :S$ D.O.A : 16/04/2020 Place of Accident : KAKI BUKIT RD 1

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

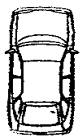
If **NO**, Driver Name / Age : NIRVAIL SINGH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 87744695 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

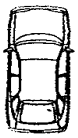
GBC 8217A → → →



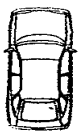
INSRS:
WSP:
Tel : LIU'S BROTHER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBC 8217A - X YP 104D - 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:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	☐ / ☐
		Others:	☐ / ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 2800.00 (4 days) Reduction: 3574.40 % 56		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26/07/2021 Confirm with SUSAN		Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 14a		If NO or B 28, Ass. Lia :
Repair Cost: 2800.00	S$ 1,400.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 360.00	S$ 180.00 ($ 60 x 6 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 1,587.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1,587.45	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	