15/5/2010

INS. CASE OWNER:

CC6/III20005613/Uga3

LKK:

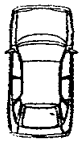
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 08/05/2020 Date / Time : 08/05/2020

Registered in Merimen: 08/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 9223E Claim No. :

Name of Insured : MILLION AUTO RENTAL PTE LTD Policy No. :

Insured Tel No. : 62649091 HP: Make / Model : NISSAN NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)

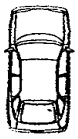
Excess Sec II :S$ D.O.A : 06/05/2020 Place of Accident : CHIN SWEE ROAD X YORK HILL

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

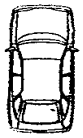
If **NO**, Driver Name / Age : LIN JIAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 85781698 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

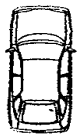
SLX 1470B → → →



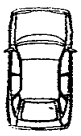
INSRS:
WSP:
Tel : CHOO MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLX 1470B - X GBB 9223E - 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$ 26,000.00 (8 days)	Reduction: 32,021.60 % 55	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/08/2020	Confirm with JENNY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 26,000.00		
Loss of Rental (LOR):	S$ (days)		OI FAIL TO STOP AT STOP LINE BEF TURNING
Loss of Use (LOU):	S$ 1200.00 ($ 120 x 10 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$ 120.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $600.00
Total:	**S$** 27,327.45	**Global Sum S$:** 27,300.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 27,300.00	Name 1:	CHOO MOTOR SPRAY PAINTER
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	