15/5/2010

INS. CASE OWNER:

CC4/III20006543/ga3

LKK:

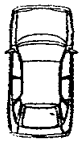
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 22.06.2020

Registered in Merimen: 22.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4645M

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 22.06.2020

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

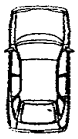
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

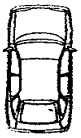
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

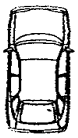
SDX 9128H → _____ → _____ → _____



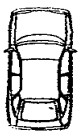
INSRS:
WSP: CYCLE & CARRIAGE AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SDX 9128H - X	**STAGE** **DATE / PIC**
	SHA 4645M - CC3/III15017499/Rua3s2 ; 10/10/2015	Non-Reporting ltr (1st):
	CC4/AIG19021160/Fka3 ; 27/11/2019	Non-Reporting ltr (2nd):
	NA/INC10002580/c2 ; 06/02/2010	Non-Reporting ltr (Final):
	NA/INC18007754/h4 ; 26/04/2018	Notification ltr (if non-pickup):
	NS/INC18007932/K1sbn2 ; 26/04/2018	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: P/P	S$ 5865.00 (6 days) Reduction: 5733.00	% 49	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/08/2020	Confirm with AI TING	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6275.55 (W/GST)		
Loss of Rental (LOR):	S$ 1284.00 (8 days) x $160.50 (W/GST)		
Loss of Use (LOU):	S$ ($ 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $500.00
Total:	**S$** 7559.55	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7559.55	Name 1:	CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	