

INS. CASE OWNER:

CC 4 /LPC 2000 7240 / R1ps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

RASUL

DOI:

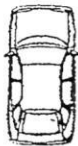
27/07/2020

Date / Time :

13/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 619L

Claim No. : —

Name of Insured : HO KOK YONG

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 10/07/2020

Place of Accident : —

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

If NO, Driver Name / Age :

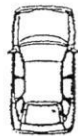
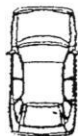
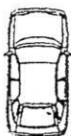
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SGR 686T

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

Date/ Time	SGR 686T : X ; SLG 619L : X	STAGE	DATE / PIC	
11/09/2020	Pls refer to VIEWS for details.	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 P/P	S\$ 11,283.95 (5 days) Reduction: 17 %	Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 11/09/2020	Confirm with Amanda	Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :		
Repair Cost: w/GST	S\$ 12,073.83			
Loss of Rental (LOR):	S\$ 800.00 (8 days) x \$100.00			
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\$ 2.00			
Medical:	S\$	1) Claim status: Normal/Reject Private Settlement		
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: \$400.00		
Total:	S\$ 12,875.83 Global Sum S\$:			
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1:	S\$ 12,875.83 Name 1: CYCLE & CARRIAGE INDUSTRIES PTE LTD			
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payee 3: (Strike if N.A.)	S\$ Name 3:			