15/5/2010

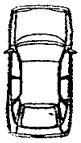
INS. CASE OWNER: ERIC WOO | CC4/FCI20007323/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 15/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 9526R | Claim No. : D20002687MFSH

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

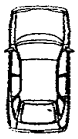
Excess Sec II :S$ | D.O.A : 06/07/2020 13:45 | Place of Accident :

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

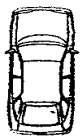
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

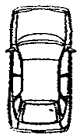
SJJ 6262A → _____ → _____ → _____



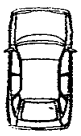
INSRS:
WSP: C & C
Tel : INDUSTRIES
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJJ 6262A - X	Non-Reporting ltr (1st):	
	SHA 9526R - CS/INC19020891/R1qd3n2 ; 22/11/2019	Non-Reporting ltr (2nd):	
	NS/INC09027270/Cn ; 02/12/2009	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: MRB
Repair Cost: P/P	S$ 23,902.40 (11 days)	Reduction: 20 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01.10.20	Confirm with AMANDA	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 25,575.57	OID MAKE A RIGHT TURN AT CONTROL JUNCTION	
Loss of Rental (LOR):	S$ 2,210.00 (13 days)	X $170	
Loss of Use (LOU):	S$ - ($ 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: $600
Total:	**S$** 27,785.57	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 01.10.20	Confirm with: AMANDA	Email ☐ Call ☐

Payee 1:	S$ 27,785.57	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:	