15/5/2010

INS. CASE OWNER:

CC4/LPC20007770/Uea3

LKK:

IDAC:

ASSIGNMENT

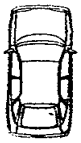
Surveyor: MARCUS

DOI: 28/07/2020

Date / Time : 28/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 2351G

Claim No. : 19/20/20/VC200/023429

Name of Insured : EVERVIT LEASING PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model : TOYOTA CAMRY

Excess Sec II :S$ D.O.A : 26/06/2020 14:45

Place of Accident : NO.4 WINDSOR PARK HILL

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

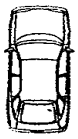
If **NO**, Driver Name / Age : YAP PECK LENG SHARON

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

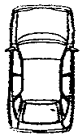
Driver Tel No. : (V/L: YES / NO)

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

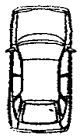
GBJ 8012L → → →



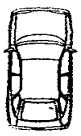
INSRS:
WSP: ETHOZ (T)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLS 2351G - X	GBJ 8012L - 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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: CKS

Repair Cost: L/S S$ 3,450.00 (4 days) Reduction: 58 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 07.01.21 Confirm with JANE Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,691.50		OID REVERSED INTO THE MAIN ROAD HIT TP
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 600.00 ($ 100 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$ 2.00		
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: $400
Total:	**S$** 4,293.50	**Global Sum S$:**	

FINAL PAYMENT Date/Time: 07.01.21 Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 4,293.50	Name 1:	ETHOZ GROUP LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	