15/5/2010

INS. CASE OWNER:

CC4/LPC20007859/ga3

LKK:

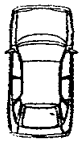
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 04/08/2020 Date / Time : 30/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBC 3278G

Name of Insured : TRANS FLORAND PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 15/06/2020 13:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : GOPI S/O KISHNAN

Driver Tel No. : +65-87271384 (V/L: YES / NO)

Claim No. : 19/20/20/VC05/023406

Policy No. : Z19VC05002806

Make / Model : MITSUBISHI FB70BB1SRDEA

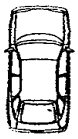
Place of Accident : NO 8E JANSEN ROAD

Nature of Accident : _____

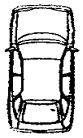
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

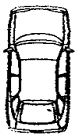
SLV 82E → _____ → _____ → _____



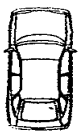
INSRS:
WSP: WEARNES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLV 82E - X	**STAGE** **DATE / PIC**
	GBC 3278G - CC6/EQI16021641/Azg3s2 ; 12/11/2016	Non-Reporting ltr (1st):
	NA/TMI16021635/h4 ; 12/11/2016	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:
Repair Cost: REPAIR LIMIT	S$ 13,924.75 (7 days)	Reduction: 13,613.15 % 49	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/11/2020	Confirm with CHRISTINE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 14,899.48 W/GST		
Loss of Rental (LOR):	S$ 1540.80 (12 days)	x $128.40 W/GST	
Loss of Use (LOU):	S$ ($ 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: $400
Total:	**S$** 16,440.28	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 16,440.28	Name 1:	WEARNES AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	