15/5/2010

INS. CASE OWNER: TEO Kitty 6568804602

CC4/ASM20007993/Aba3

LKK:

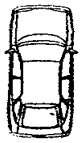
IDAC: 176037

ASSIGNMENT

Surveyor: ADRIAN DOI: 03.08.2020 Date / Time : 03.08.2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 3173U Claim No. : S0M02RJ6

Name of Insured : CITY LAND LOGISTICS Policy No. : GA393877

Insured Tel No. : HP: Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR

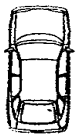
Excess Sec II :S$ D.O.A : 01/08/2020 12:00 Place of Accident : CTE TOWARDS CITY

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

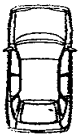
If **NO**, Driver Name / Age : LIM CHIN CHYE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

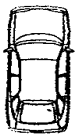
SCR 21J → → →



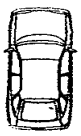
INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBD 3173U - CS/FCI18012275/R1sd3n2; 02.07.2018	
	SCR 21J - X	
29/10/2020	SETTLED AND CLOSED / NO PHY FILE	

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:

Repair Cost: L/S S$ 11,400.00 (7 days) Reduction: 61.60 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/10/2020 Confirm with SUKYI CHONG Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S$ 11,400.00

Loss of Rental (LOR): S$ (days) OID rear-ended TP

Loss of Use (LOU): S$ 900.00 ($100 x 9 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: $350.00

Total: **S$** 12,302.00 **Global Sum S$:** 12,300.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 12,300.00	Name 1:	SM AUTOMOTIVE
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	