15/5/2010

INS. CASE OWNER:

CC4/EQI20008574/R1pa3

LKK:

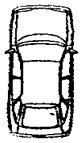
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 17/08/2020 Date / Time : 17/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 2300C

Name of Insured : SANWAH CONSTRUCTION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/08/2020 16:45

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

If **NO**, Driver Name / Age : LEE CHEN ZONG

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

Claim No. : DM20HO01151/SG

Policy No. : DMPPHQ20-004139

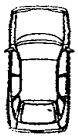
Make / Model : HONDA SHUTTLE

Place of Accident : SLIP ROAD OF KJE TOWARDS CHOA CHU KANG WAY

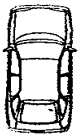
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

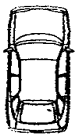
SLS 5009B → → →



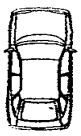
INSRS:
WSP: ETHOZ BB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLS 5009B - X SLE 2300C - 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:	
13/10/2020	Pls refer to VIEWS for details.	**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$ 7,381.56 (7 days) Reduction: 32 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/10/2020 Confirm with Joyce		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 7,898.27		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 800 ($ 100 x 8 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: $400.00
Total:	**S$** 8,700.27	**Global Sum S$:** 8,700.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8,700.00	Name 1: Ethoz Protect Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	