15/5/2010

INS. CASE OWNER: CC6/III20009949/Apa3

LKK:

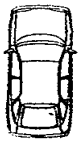
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/9/2020 Date / Time : 16/9/2020

Registered in Merimen: 16/9/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLU 4015D Claim No. :

Name of Insured : VINCAR LEASING AND RENTAL PTE. LTD. Policy No. : D19MFL0006751

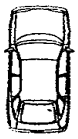
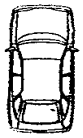
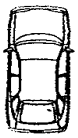
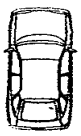
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/9/2020 17:40 Place of Accident : PIE (CHANGI) AFTER UPP BUKIT TIMAH RD ENTRANCE

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

If **NO**, Driver Name / Age : HEW CHOONG CHIANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 5867Y →	SCN 5899G →	SLU 4015D →	SFN 99X
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: ADVANCE
Tel :	Tel :	Tel :	Tel : AUTO
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time			
			STAGE **DATE / PIC**
	SFN 99X - X	SLU 4015D - X	Non-Reporting ltr (1st):
			Non-Reporting ltr (2nd):
			Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
			After call ltr to OI:
27/02/2021	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: L/sum	S$ 35,500.00 (10 days) Reduction: 83 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/02/2021 Confirm with Xavier		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 32,000.00 (as per III mandate)		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 2,880.00 ($ 240 x 12 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: $600.00
Total:	**S$** 34,880.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 34,880.00	Name 1:	Advance Auto Garage	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		