

INS. CASE OWNER:

Surveyor:

MARCUS

DOI:

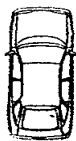
ASSIGNMENT
19/10/2020

CC6/CTI20011277/Upa3q2

Date / Time : 19/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 7753D

Claim No. :

Name of Insured : PURE EDDICTION PTE LTD

Policy No. : DMCVSNW00101882003

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA DYNA

Excess Sec II :S\$ _____ D.O.A : 16/10/2020 14:10

Place of Accident : WEST COAST HWY TRAFFIC JUNC
OF PANDAN CRESCENT

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

If NO, Driver Name / Age : LIM KIM TECK

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

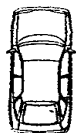
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SLM 5995K

INSRS:
WSP: LEE BROTHERS
Tel : AUTOMOTIVE
Liability:
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLM 5995K		
	GBG 7753D	NA/CTI20011254/r3 ; 16.10.2020	
		- NA/CTI19016206/h4 ; 12.09.2019	
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
04/03/2021	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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/sum	S\$ 6,250.00 (5 days) Reduction: 42 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 04/03/2021 Confirm with Sebastian		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,687.50		
Loss of Rental (LOR):	S\$ 840.00 (7 days) x \$120.00		
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\$ 36.45		
Medical:	S\$	1) Claim status: Normal/Reject Private Sec'd	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$400.00	
Total:	S\$ 7,563.95 Global Sum S\$: 7,550.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ 7,550.00 Name 1: LEE BROTHERS AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		