15/5/2010

INS. CASE OWNER:

CC4/LPC20011591/T1ps3

LKK:

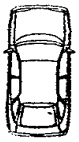
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 28/10/2020 Date / Time : 26/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YK 16B

Name of Insured : LIM TECK YONG BUILDING CONSTRUCTION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 22/10/2020

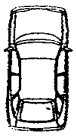
Place of Accident :

Nature of Accident :

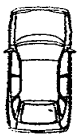
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

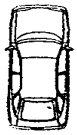
SLP 5266R →



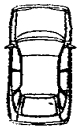
INSRS:
WSP: XINYA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLP 5266R : NBA/INC20011537/Y ; DOA : 22/10/2020
	YK 16B : CC6/AIG12012229/M1b1g2p1 ; DOA : 24/05/2012

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: MTH
Repair Cost: L/S	S$ 1,300.00	(2 days) Reduction: 52 %	Email Call
FINAL SETTLEMENT	Date/Time: 09.04.22	Confirm with	Email Cal
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only LOU only LOR + LOU LOR + LO		[**Tick only one**]	**TP PASS TO LAWYER TO HANDLE
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	