15/5/2010

INS. CASE OWNER:

CC4/LPC20013658/Kga3

LKK:

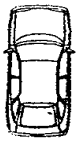
IDAC:

**ASSIGNMENT**

Surveyor: Kenneth DOI: 10/12/2020 Date / Time : 10/12/2020

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : XD 8115U Claim No. : 20/20/20/VC05/023988

Name of Insured : RLS TRANSPORT & ENGINEERING PTE LTD Policy No. : Z20VC05004380

Insured Tel No. : HP: Make / Model :

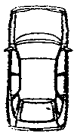
**Excess Sec II :S$** D.O.A : 08/12/2020 Place of Accident :

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

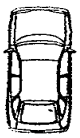
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

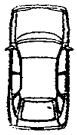
SMJ 9124K → → →



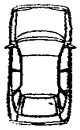
INSRS:
WSP: MUNICH AUTOCARE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SMJ 9124K : CC4/AIG19011130/K1ka3q2 ; DOA : 23/06/2019 |
| | XD 8115U : CC6/CTI19007133/Ahb3s2 ; DOA : 22/04/2019 |
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| 16/03/2022 | TP CONVERT OD, SUBMIT WP, ADMIN TO CLOSE |
| | |
| | |
| CHECK ITEMS RED: | $11,044.08 / 86% |
| | |
| | |

| **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: P/P S$ $7,280.12 ( 7 days) Reduction: $5,548.12 % 43 Email Call

| **FINAL SETTLEMENT** | Date/Time: | Confirm with | Email Cal |
|---|---|---|---|
| Final Liability: | % 50 | (Agreed / Assessed) BOLA S/N No. : 19 | 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**] | | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: WP |
| Legal Cost | S$ | | 3) Survey fee: $350.00 |
| **Total:** | **S$** | **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: | |