15/5/2010

INS. CASE OWNER: CC6/LPC20014040/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/12/2020 Date / Time : 14/12/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YM 9180P Claim No. :

Name of Insured : FRESHENING INDUSTRIES PTE LTD Policy No. : Z/20/VC00/107440

Insured Tel No. : HP: Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 26/08/2020 16:20 Place of Accident : SIMON ROAD

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

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

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

SMJ 3029S → → →

INSRS:
WSP: MBM
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SMJ 3029S YM 9180P	NA/LPC20009465/h4 ; 26.08.2020	Non-Reporting ltr (1st):	
		CC4/LPC18014195/Gea3n2 ;01/08/2018	Non-Reporting ltr (2nd):	
		CS3/RSI11019790/Kqtm ; 25/09/2011	Non-Reporting ltr (Final):	
		NA/LIP12016084/s2 ; 21/08/2012	Notification ltr (if non-pickup):	
		NA/LPC18014172/z4 ; 01/08/2018	Call OI:	
		NA/LPC20003882/z4 ; 10/03/2020	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:		

02/04/2021 Pls refer to Views for details.

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 60.00 (1 days) Reduction: 99 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 02/04/2021 Confirm with Ivy Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 64.20		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 60.00 ($ 60 x 1 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: $400.00
Total:	**S$** 126.20	**Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 126.20	Name 1:	MBM Wheelpower Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	