

Surveyor:

XING GUO QIANG

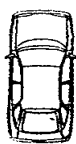
DOI:

ASSIGNMENT
30/12/2020

Date / Time : 29/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 4220U

Claim No. : 20/20/21/VC05/024047

Name of Insured : HAFARY PTE LTD

Policy No. : Z20VC05005419

Insured Tel No. : _____ HP: _____

Make / Model : Isuzu Cyz52r

Excess Sec II :S\$

D.O.A : 24/12/2020 08:45

Place of Accident : 620 YIHUN RING ROAD

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

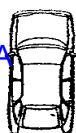
If NO, Driver Name / Age : LI RICHENG

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

Driver Tel No. : +65-91548003 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLF 6251D

INSRS: HITACHI
WSP: CAPITAL ASIA
Tel : PACIFIC PTE
Liability: LTD
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLF 6251D - X	XE 4220U - X	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	☒
03/06/2021	SETTLED AND CLOSED / NO PHY FILE		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/S	S\$ 7,050.00	(6 days) Reduction: 64.71 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 31/05/2021 Confirm with JAMILAH			Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 7,543.50			
Loss of Rental (LOR): (W/GST)	S\$ 545.70	(6 days) x \$85.00		
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\$ 2.00			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ 64.20	(e.g. Tow/ Independent) (W/GST)	2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 8,155.40	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1:	S\$ 8,155.40	Name 1: HITACHI CAPITAL ASIA PACIFIC PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		