15/5/2010

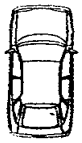
INS. CASE OWNER: CHRIS LIM | CC4/FCI20014770/ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30/12/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2566X | Claim No. : D21000015MFSH

Name of Insured : CTPL | Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____ | Make / Model : Hyundai I40

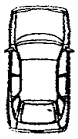
Excess Sec II :S$ _____ D.O.A : 24-12-2020 | Place of Accident : KPE TUNNEL TO ECP

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

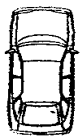
If **NO**, Driver Name / Age : WONG FOOK ONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

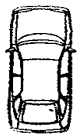
SKB 3316D → _____ → _____ → _____



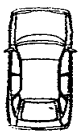
INSRS:
WSP: HITACHI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKB 3316D - X	**STAGE** **DATE / PIC**
	SHA 2566X - CC3/CTI17004885/H1hb3n2 ; 08/03/2017	Non-Reporting ltr (1st):
	CS/FCI17017697/T1rbn2 ; 06/09/2017	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: XGQ
Repair Cost: L/S	S$ 3,000.00 (4 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08.03.21	Confirm with JAMILAH	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,210.00	OID REAR ENDED TP	
Loss of Rental (LOR): w/GST	S$ 513.60 (4 days)	x $120	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ -		
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: $350
Total:	**S$** 3,723.60	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 08.03.21	Confirm with: JAMILAH	Email ☐ Call ☐
Payee 1:	S$ 3,723.60	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:	