15/5/2010

INS. CASE OWNER:

CC4/AIG21000187/pa3

LKK:

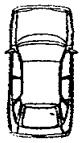
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 04/01/2021

Registered in Merimen: 05/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 9640S

Name of Insured : HOFEN BUILDERS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 01/01/2021 20:20

Is driver the owner? (YES / NO)

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

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

Claim No. : _____

Policy No. : 1900231029

Make / Model : NISSAN CABSTAR

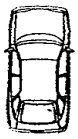
Place of Accident : BEFORE JUNCTION OF BOON LAY WAY AND JURONG TOWN HALL RD

Nature of Accident : _____

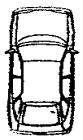
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

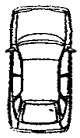
SLM 3885H → _____ → _____ → _____



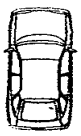
INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLM 3885H - X GBJ 9640S - X	
22/03/2021	Pls refer to VIEWS for details.	

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$ 7,180.80 (4 days) Reduction: 33 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 22/03/2021 Confirm with Larry Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 7,683.46

Loss of Rental (LOR) w/GST S$ 342.40 (4 days) x$80.00

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$ (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: $320.00

Total: **S$** 8,027.86 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 7,685.46	Name 1:	Cycle & Carriage KIA Pte Ltd
Payee 2: (Strike if N.A.)	S$ 342.40	Name 2:	BKW Rent A Car Pte Ltd
Payee 3: (Strike if N.A.)	S$	Name 3:	