15/5/2010

INS. CASE OWNER:

CC4/LPC21000580/Kpa3

LKK:

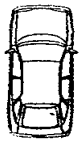
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 12/01/2021 Date / Time : 12/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 2011X

Name of Insured : Cleanvision

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/01/2021 19:00

Is driver the owner? (YES / NO)

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

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

Claim No. : 20/21/21/VC00/024116

Policy No. : Z/20/VC00/108271

Make / Model : Fiat DOBLO CARGO 1.9MJTD

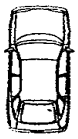
Place of Accident : 5000 Marine Parade Rd Lagoon View carp

Nature of Accident :

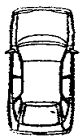
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

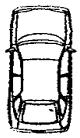
SKW 1969Y →



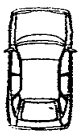
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKW 1969Y - X	**STAGE** **DATE / PIC**
	GBB 2011X - CC4/AXA10024608/Rn1dc1 ; 29/11/2010	Non-Reporting ltr (1st):
	NA/INC10018062/s1 ; 09/09/2010	Non-Reporting ltr (2nd):
	NA/INC19012024/z4 ; 21/03/2019	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
22/11/2021	Pls refer to VIEWS for details.	**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: L/sum	S$ 4,750.00 (5 days)	Reduction: 24 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/11/2021	Confirm with June	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,082.50		
Loss of Rental (LOR) w/GST	S$ 535.00 (5 days)	x $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 8.00		
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: $400.00
Total:	**S$** 5,625.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,625.50	Name 1:	CHENG HOE MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	