15/5/2010

INS. CASE OWNER:

CC6/CTI21003392/Aea3

LKK:

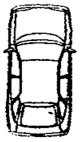
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/03/2021 Date / Time : 15/03/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 8313P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

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

Claim No. : SNM21D201107/C02/YP8313P/TOHHS

Policy No. : DMCVSNA00029102000

Make / Model :

D.O.A : 24/02/2021 16:50

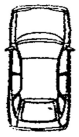
Place of Accident : 24 Lor 14 Geylang, Singapore 398933

Nature of Accident :

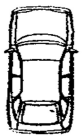
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

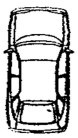
GBE 7485M → _____ → _____ → _____



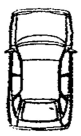
INSRS:
WSP: KT
Tel : MOTORWERK
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 7485M YP 8313P NBA/CTI21002621/Y ; 24.02.2021 - NBA/CTI21002637/Y ; 11.12.2020

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: LWP

Repair Cost: L/S S$ 3,800.00 (4 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13.08.21 Confirm with JOHN Email ☐ Call ☐

Final Liability:	100	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	$3,800.00	S$ 1,900.00	CONFLICTING VERSION	
Loss of Rental (LOR):	w/GST $513.60	S$ 256.80	(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: $400
Total:	$4,313.60	**S$** 2,156.80	**Global Sum S$:** 2,150.00	

FINAL PAYMENT Date/Time: 13.08.21 Confirm with: JOHN Email ☐ Call ☐

Payee 1:	S$ 2,150.00	Name 1:	KT MOTORWERK
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	