15/5/2010

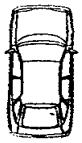
INS. CASE OWNER: KAREN TAN | CC4/FCI21004068/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 31/03/2021 Date / Time : 30/03/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 7126U Claim No. : D21000981MFVS

Name of Insured : COLEX ENVIRONMENTALPTE LTD Policy No. : D-21096931MFVS

Insured Tel No. : HP: Make / Model :

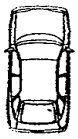
Excess Sec II :S$ D.O.A : 26/03/2021 09:20 Place of Accident : EXITING THE CENTURY SQUARE CARPARK

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

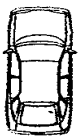
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

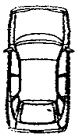
SLN 9785T → → →



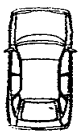
INSRS:
WSP: XIN HUA WORKSHOP PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLN 9785T - X	**STAGE** **DATE / PIC**
	XD 7126U - CC4/AXA16012933/T1eb3q2 ; 10.07.2016	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 4,100.00 (6 days)	Reduction: 74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		SURVEY FEE: $245
Loss of Rental (LOR):	S$ (days)		TRANSPORT: $100
Loss of Use (LOU):	S$ ($ x days)		PHOTO : $62
Loss of Income (LOI):	S$ ($ 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/WP
Legal Cost	S$		3) Survey fee: $407
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	