15/5/2010

INS. CASE OWNER: CC4/LPC21004353/Eba3q2

LKK:

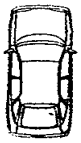
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 1234Y

Claim No. : 21/21/21/VC05/024415

Name of Insured :

Policy No. : Z21VC05006809

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 05/04/2021 09:00

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

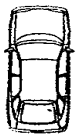
If **NO**, Driver Name / Age :

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

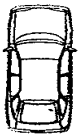
Driver Tel No. : (V/L: YES / NO)

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

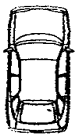
SKD 251R → → →



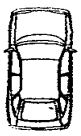
INSRS:
WSP: CYCLE & CARRIAGE INDUSTRIES PL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKD 251R - X	**STAGE** **DATE / PIC**
	GT 1234Y - CC6/AIG11026754/Ka2g2y ; 25/12/2011	Non-Reporting ltr (1st):
	NBA/LPC21002487/Y ; 21/02/2021	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
18/06/2021	SETTLED AND CLOSED / NO PHY FILE	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:
Repair Cost: P/P	S$ 4,332.20 (4 days) Reduction: 42.67 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/06/2021	Confirm with Amanda	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4,635.45		
Loss of Rental (LOR):	S$ 640.00 (4 days)	X $160.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $400.00
Total:	S$ 5,275.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,275.45	Name 1:	Cycle & Carriage Industries Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	