15/5/2010
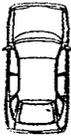
LKK:
IDAC:

INS. CASE OWNER:

CC4/GRB21005399/Qbs3

ASSIGNMENT

Surveyor: **OSP**   DOI: 03/05/2021   Date / Time : 03/05/2021

Registered in Merimen: 03/05/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLP 6938D**	Claim No. :
Name of Insured :HITACHI CAPITAL ASIA PACIFIC PTE LTD	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 26/04/2021	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**
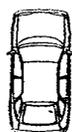
SCK 3138Z ⟶
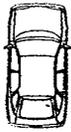
INSRS: WSP: **VERMOGEN** Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SCK 3138Z : NA/MSG11010580/s2 ; DOA : 02/06/2011 SLP 6938D : X	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:		☐	☐

01/09/2021   SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐	☐
		Others:	☐	☐

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: **L/S**   S$ **5,500.00** (**4** days) Reduction: **50.45** %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: 30/08/2021 Confirm with **MINOKO**   Email ✓ Cal ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ **5,885.00**	
Loss of Rental (LOR):	S$ **1,080.00** (**6** days) **X $180.00**	**OID WITH STOP LINE**
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**Tick only one**]		
GIA/LTA Search	S$ **29.00**	
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: **$500.00**
Total:	S$ **6,994.00** Global Sum S$: **6,900.00**	

FINAL PAYMENT   Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ **6,900.00**	Name 1: **Vermogen Ace Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: