15/5/2010

INS. CASE OWNER:

CC6/CTI21007949/Apa3q2

LKK:

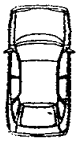
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 26/07/2021 Date / Time : 27/07/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GR 8802Y

Name of Insured : MAHA ARUL SITHI CONSTRUCTION & ENGINEERING PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/07/2021

Is driver the owner? (YES / NO)

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

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

Claim No. : SNM21D204115/C02/GR8802Y/TANKL

Policy No. : DMCVSNW00063502102

Make / Model :

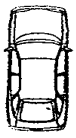
Place of Accident :

Nature of Accident :

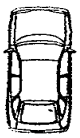
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

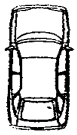
GBB 460X →



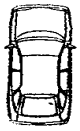
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBB 460X : GR 8802Y : ~~NA/CTI21007913/r3 ; DOA : 23/07/2021~~

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$ 6,000.00	(5 days) Reduction: 59 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 23.05.22	Confirm with KERRY	Email [ ] Cal [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,420.00	OID REVERSED AND HIT TP	
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ 800.00	($ 100 x 8 days)	
Loss of Income (LOI):	S$ -	($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ]		[**Tick only one**]	
GIA/LTA Search	S$ 36.45		
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: $400.00
Total:	**S$** 7,256.45	**Global Sum S$:** 7,250.00	
FINAL PAYMENT	Date/Time: 23.05.22	Confirm with: KERRY	Email [ ] Cal [ ]

Payee 1:	S$ 7,250.00	Name 1:	XIN HUA WORKSHOP PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	