15/5/2010

INS. CASE OWNER:

CC6/CTI21008335/Kea3

LKK:

IDAC:

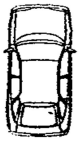
ASSIGNMENT

Surveyor: KENNETH DOI: 10/08/2021 Date / Time : 10/08/2021

Registered in Merimen: ———

Pre-assign / CCU / FTE

SNM21D204396/C02/GBH4563A/LEEPG



Insured Vehicle No. : GBH 4563A Claim No. :

Name of Insured : Policy No. : DMCVSNW00054982103

Insured Tel No. : HP: Make / Model :

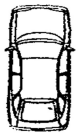
Excess Sec II :S$ D.O.A : 08/08/2021 Place of Accident :

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

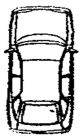
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

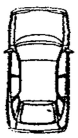
SMZ 5812A → → →



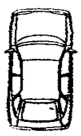
INSRS:
WSP: HUI YANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMZ 5812A - X GBH 4563A - 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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: KSC

Repair Cost: L/S S$ 5,100.00 (5 days) Reduction: 38 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 04.01.22 Confirm with BEL Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,457.00	OID REAR ENDED TP
Loss of Rental (LOR)w/GST	S$ 513.60 (6 days) x $80	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 7.45	
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: $400
Total:	**S$** 5,978.05 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 04.01.22 Confirm with: BEL Email ☐ Call ☐

Payee 1:	S$ 5,978.05	Name 1:	HUI YANG MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	