15/5/2010

INS. CASE OWNER: CC6/CTI21008484/Ags3

LKK:

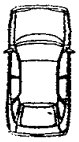
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 11/08/2021 Date / Time : 13/08/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMW 6984X Claim No. : SNM21D204178

Name of Insured : Vishnu Varathan S/O Munisamy Policy No. : DMPCSNW00011482100

Insured Tel No. : HP: Make / Model :

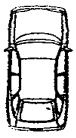
Excess Sec II :S$ D.O.A : 27/07/2021 Place of Accident : Sennett Terrace,

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

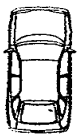
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

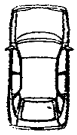
GBD 410E → → →



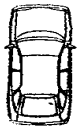
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBD 410E : X ; SMW 6984X : 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**
CLAIMANT-	BESTDRIVE PTE LTD	Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
	TPV: TOYOTA HIACE - 2982cc	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:
Repair Cost: L/S	S$ $3,100.00 (4 days)	Reduction: $5,477.18 % 64	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/03/2022	Confirm with KERRY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,317.00	W/GST	
Loss of Rental (LOR):	S$ (days)		OI REVERSE INTO HOUSE,
Loss of Use (LOU):	S$ 360.00 ($ 60 x 6 days)		TP TRAVELLING STRAIGHT
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: $400.00
Total:	**S$** 3,713.45	**Global Sum S$:** 3,700.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 3,700.00	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:	