

INS. CASE OWNER:

CC4/LPC21009132/Ues3

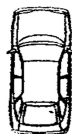
LKK:

IDAC:

ASSIGNMENT

Surveyor: MarcusDOI: 01/09/2021Date / Time : 31/08/2021Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 1447H

Claim No. : _____

Name of Insured : ORIENTAL VEGE PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

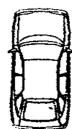
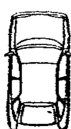
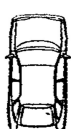
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26/08/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**YQ 2886L →INSRS:
WSP: LIU'S BROTHER
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
YQ 2886L : X	Non-Reporting ltr (1st):	
YP 1447H : NA/INC18002285/r3 ; DOA : 05/02/2018	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: CKS		
Repair Cost: L/S S\$ 5,800.00 (3 days' Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 12.01.22 Confirm with SUSAN Email ☐ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 5,800.00	OID RVERSED AND HIT TP	
Loss of Rental (LOR): S\$ - (_____ days)		
Loss of Use (LOU): S\$ 560.00 (\$ 140 x 4 days)		
Loss of Income (LOI): S\$ - (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$400	
Total: S\$ 6,362.00 Global Sum S\$: _____		
FINAL PAYMENT Date/Time: 12.01.22 Confirm with: SUSAN Email ☐ Call ☐		
Payee 1: S\$ 6,362.00 Name 1: LIU'S BROTHER AUTO ENGINEERING WORKSHOP		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		