

15/5/2010

CC4/LPC21009355/Bea3q2

LKK:

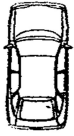
INS. CASE OWNER:

IDAC:

ASSIGNMENT

Surveyor: LIMDOI: 07/09/2021Date / Time : 06/09/2021Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 4326UClaim No. : 20/21/21/VC05/024917Name of Insured : HAIRO FRESHWAYS PTE LTDPolicy No. : Z20VC05006146

Insured Tel No. : _____ HP: _____

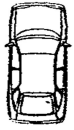
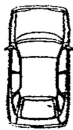
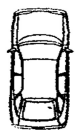
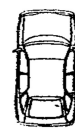
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/08/2021

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**SJN 8866Z →INSRS:
WSP: ACCIDENT ASSIST
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJN 8866Z : CS/FCI20001305/Qqd3s2 ; DOA : 05/01/2020	STAGE
	GBC 4326U : CS/EGI16017458/Uth3q2 ; DOA : 14/09/2016	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: <u>LTG</u>	
Repair Cost: <u>L/S</u> S\$ <u>6,250.00</u> (<u>5</u> days' Reduction: <u>67</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>11.11.21</u> Confirm with <u>RAY</u>	Email ☐ Call ☐	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>6,250.00</u>	<u>OID REAR ENDED TP</u>	
Loss of Rental (LOR) w/GST S\$ <u>898.80</u> (<u>7</u> days) X \$120		
Loss of Use (LOU): S\$ - (\$ x days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LC ☐ [Tick only one]		
GIA/LTA Search S\$ <u>7.45</u>		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost S\$ -	3) Survey fee: <u>\$400</u>	
Total: S\$ <u>7,156.25</u>	Global Sum S\$:	
FINAL PAYMENT Date/Time: <u>11.11.21</u> Confirm with: <u>RAY</u>	Email ☐ Call ☐	
Payee 1: S\$ <u>7,156.25</u> Name 1: <u>ACCIDENT ASSIST SG</u>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		