CC4/LPC21009355/Bea3q2

15/5/2010

INS. CASE OWNER:

~~CC4/LPC21009355/es3~~

LKK:

IDAC:

## ASSIGNMENT

Surveyor: LIM DOI: 07/09/2021 Date / Time : 06/09/2021

Registered in Merimen: —

**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBC 4326U Claim No. : 20/21/21/VC05/024917

Name of Insured : HAIRO FRESHWAYS PTE LTD Policy 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 / NO

Driver 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 |
| | GBC 4326U : CS/EGI16017458/Uth3q2 ; DOA : 14/09/2016 |

| 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: LTG

Repair Cost: L/S S$ 6,250.00 ( 5 days) Reduction: 67 % Email Call

**FINAL SETTLEMENT** Date/Time: 11.11.21 Confirm with RAY Email Cal

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ 6,250.00 | OID REAR ENDED TP |
| Loss of Rental (LOR) w/GST | S$ 898.80 ( 7 days) X $120 | |
| Loss of Use (LOU): | S$ - ($ x days) | |
| Loss of Income (LOI): | S$ - ($ x days) | |
| LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [**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: $400 |
| **Total:** | **S$** 7,156.25 **Global Sum S$:** | |

**FINAL PAYMENT** Date/Time: 11.11.21 Confirm with: RAY Email Cal

| | | | |
|---|---|---|---|
| Payee 1: | S$ 7,156.25 | Name 1: | ACCIDENT ASSIST SG |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |