15/5/2010

INS. CASE OWNER: ~~CC4/LPC21010176/ba3~~ CC4/LPC21010176/Eea3q2

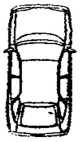
LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 04/10/2021 Date / Time : 01/10/2021

Registered in Merimen: ____

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 5663Z Claim No. : 21/21/21/VC05/025001

Name of Insured : Policy No. : Z21VC05006923

Insured Tel No. : HP: Make / Model :

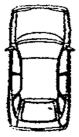
Excess Sec II :S$ D.O.A : 01/10/2021 10:30 Place of Accident : BKE TOWARDS PIE

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

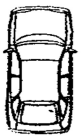
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

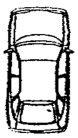
SHC 7631Y → → →



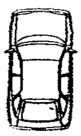
INSRS:
WSP: Ding Automotive Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHC 7631Y - CC3/TMI19020854/Ftd3s2 ; 24/11/2019 CS/QW13023835/H1tbk3 ; 13/12/2013	**STAGE** **DATE / PIC**
	XD 5663Z - X	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: CTY

Repair Cost: P/P S$ 1,336.16 (2 days) Reduction: 76 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.12.21 Confirm with RENA Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,429.69	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ 256.80 (2 days)	X $128.40	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ 100.00 ($ 50 x 2 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑	[**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $400
Total:	**S$** 1,788.49	**Global Sum S$:** 1,780.00	

FINAL PAYMENT Date/Time: 14.12.21 Confirm with: RENA Email ☐ Call ☐

Payee 1:	S$ 1,780.00	Name 1:	DING AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	