15/5/2010

INS. CASE OWNER: CC6/CTI21010300/Aea3

LKK:

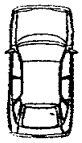
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 05/10/21 Date / Time : 05/10/21

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 2176Y Claim No. : SNM21D205650/C02/SLN2176Y/TANCHC

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

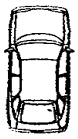
Excess Sec II :S$ D.O.A : 01/10/2021 22:15 Place of Accident :

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

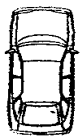
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

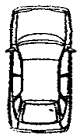
SLB 292X → → →



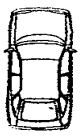
INSRS:
WSP: XIN HUA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLB 292X - CC6/AIG21003144/Aga3q2 ; 12.02.2021	**STAGE**	**DATE / PIC**
	SLN 2176Y - 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:	☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 5,100.00 (6 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02.06.22	Confirm with KERRY	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,457.00	OID MAKE A RIGHT TURN AT CONTROL JUNCTION HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**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:	$400
Total:	**S$** 5,944.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 02.06.22	Confirm with: KERRY	Email ☐ Call ☐
Payee 1:	S$ 5,944.45	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:	