15/5/2010

INS. CASE OWNER: CC4/LPC21010428/Ees3

LKK:

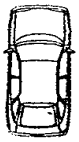
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 13/10/2021 Date / Time : 11/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 7971X Claim No. :

Name of Insured : GUAN CHENG LORRY SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

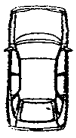
Excess Sec II :S$ D.O.A : 08/10/2021 Place of Accident :

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

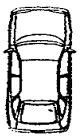
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

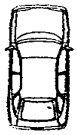
SLL 9044J → → →



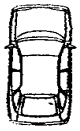
INSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLL 9044J : X		
	XD 7971X : CS/EGI18001814/Ktd3e2 ; DOA : 26/01/2018	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$ 8,564.14 (6 days)	Reduction: 44 %	Email Call
FINAL SETTLEMENT	Date/Time: 11.02.22	Confirm with DESMOND	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 9,163.63	OID REVERSED AND HIT TP	
Loss of Rental (LOR): w/GST	S$ 642.00 (6 days)	x $100	
Loss of Use (LOU):	S$ - ($ x days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ✓ LOU only	LOR + LOU	LOR + LO [**Tick only one**]	
GIA/LTA Search	S$ -		
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: $400
Total:	**S$** 9,805.63	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 11.02.22	Confirm with: DESMOND	Email Cal
Payee 1:	S$ 9,805.63	Name 1: KAH MOTOR CO SDN BERHAD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	