

INS. CASE OWNER:

**ASSIGNMENT**

CC4/III21010801/Epa3

Surveyor:

**Steve**

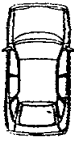
DOI:

**28/10/2021**

Date / Time :

**20/10/2021**

Registered in Merimen:

**20/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **PC 3719K**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **18/10/2021 17:45**Place of Accident : **JURONG WEST STREET 63 (PIONEER MRT)**

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

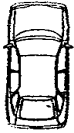
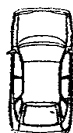
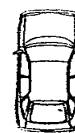
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SMX 6597A**INSRS: **CYCLE & CARRIAGE AUTOMOTIVE PTE LTD**  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	<b>SMX 6597A - X</b>	Non-Reporting ltr (1st):	
	<b>PC 3719K - CC3/CTI15017283/H1jg3n2 ; 09.10.2015</b>	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
<b>08/03/2022</b>	<b>Pls refer to VIEWS for details.</b>	Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: <b>P/P</b>	S\$ <b>9,606.00</b> ( <b>5</b> days) Reduction: <b>20</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: <b>08/03/2022</b> Confirm with <b>Ai Ting</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	S\$ <b>10,278.42</b>		
Loss of Rental (LOR) <b>w/GST</b>	S\$ <b>1,198.40</b> ( <b>7</b> days) <b>x\$160.00</b>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: <b>TP</b>	
Legal Cost	S\$	3) Survey fee: <b>\$500.00</b>	
<b>Total:</b>	<b>S\$ 11,476.82</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ <b>11,476.82</b>	Name 1: <b>Cycle &amp; Carriage Automotive Pte Ltd</b>	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	