15/5/2010

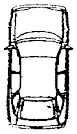
INS. CASE OWNER: CC4/LPC21011011/Egs3q2 | LKK: | IDAC:

ASSIGNMENT

Surveyor: CTY DOI: 28/10/2021 Date / Time : 27/10/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SDD 125E Claim No. : 21/21/21/VP05/025090

Name of Insured : KHOE HONG OAN Policy No. : Z21VP05029264

Insured Tel No. : _____ HP: _____ Make / Model : _____

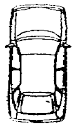
Excess Sec II :S$ _____ D.O.A : 26/10/2021 Place of Accident : 45 TANJONG RHU RD

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

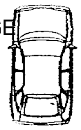
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

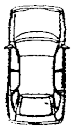
SMH 324U → _____ → _____ → _____



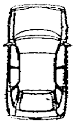
INSRS:
WSP: CYCLE & CARRIAGE AUTOMOTIVE PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	TPV: MITSUBISHI ECLIPSE - 1499cc	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	CLAIMANT: LOW CHEE WEE ANDREW	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: ☐ ☐
	5 REC DAYS + 2PRS + 1 WEEKEND + 1PH = 9 DAYS	LOD ☐ ☐
		Payment Breakdown Form: ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ $8,105.00 (5 days)	Reduction: $3,714.00 % 31	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 24/05/2022	Confirm with LARRY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 9c	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,672.35	W/GST	
Loss of Rental (LOR):	S$ 963.00 (9 days)	x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x 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: $400.00
Total:	**S$** 9,637.35	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 9,637.35	Name 1:	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	