15/5/2010

INS. CASE OWNER:

CC6/CTI21011758/Rga3q2

LKK:

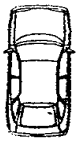
IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 22/11/2021 Date / Time : 18/11/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 5748S Claim No. : SNM21D206635

Name of Insured : VFIX RENTAL PTE LTD Policy No. : DMHCSNW00003272000

Insured Tel No. : HP: Make / Model :

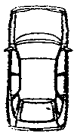
Excess Sec II :S$ D.O.A : 17/11/2021 Place of Accident : Choa Chu Kang North 6

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

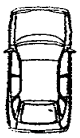
If **NO**, Driver Name / Age : LIM YONG HAN OI GIA REPORT: (YES) NO ; TP GIA REPORT: (YES) NO

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

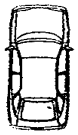
SLT 8640C → → →



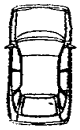
INSRS:
WSP: AUTOMOTIVE
Tel : REPAIR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SLT 8640C : X ; SKW 5748S : X	**STAGE**	**DATE / PIC**
		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 :	
	CLAIMANT - CHUA SIN WEE	Medical Bill:	
		PIR:	
	TPV: PEUGEOT 3008 - 1199cc	Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S$ $7,900.00 (3 days) Reduction: $7,300.00 % 48		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/07/2022	Confirm with shu juan	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8,453.00 W/GST		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 250.00 ($ 50 x 5 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[**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: $400.00
Total:	**S$** 8,705.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 8,705.00	Name 1:	AUTOMOTIVE REPAIR CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	