15/5/2010

INS. CASE OWNER: CC4/AIG21011873/Epa3

LKK:

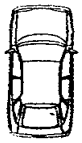
IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 22/11/2021 Date / Time : 22/11/2021

Registered in Merimen: 22/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKZ 9706X Claim No. :

Name of Insured : Chew Ban Soon Policy No. :

Insured Tel No. : HP: Make / Model : Mercedese 250

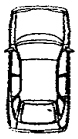
Excess Sec II :S$ D.O.A : 21/11/2021 09:30 Place of Accident : FILTER LANE TO MANDAI AVE

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

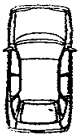
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

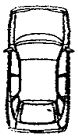
SMF 2085G → → →



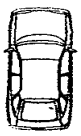
INSRS:
WSP: Cycle & Carriage
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMF 2085G - X SKZ 9706X - 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 :	☐ ☐
		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:
Repair Cost: P/P	S$ 2,673.60 (5 days) Reduction: 41 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/08/2022	Confirm with Coco	Email ☑ Call ☐
Final Liability:	% 86 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,860.75	S$ 2,460.25	w/GST	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU): 420.00	S$ 361.20 ($ 60 x 7 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: $320.00
Total:	**S$** 2,823.45	**Global Sum S$:** 2,800.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 2,800.00	Name 1:	Cycle & Carriage KIA Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		