15/5/2010

INS. CASE OWNER:

CC6/CTI21011881/Apa3

LKK:

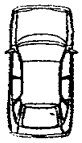
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 19/11/2021 Date / Time : 19/11/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YQ 1322D Claim No. : SNM21D206742

Name of Insured : OCEAN PEARL SHIPPING & SERVICES PTE LTD Policy No. : DMCVSNW00100742100

Insured Tel No. : HP: Make / Model :

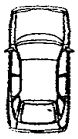
Excess Sec II :S$ D.O.A : 18/11/2021 12:00 Place of Accident : Near 128 Bukit Merah View

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

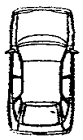
If **NO**, Driver Name / Age : RAJENDRAN RAJKUMAR OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

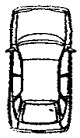
SFR 318T → → →



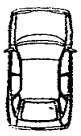
INSRS:
WSP: XIN HUA WORKSHOP PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SFR 318T - CS/INC09007134/T1vn ; 24.12.2008	**STAGE**	**DATE / PIC**
	YQ 1322D - NA/CTI21010122/r3 ; 27.09.2021	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	
	CLAIMANT - KAN ZHI EN JOHNSTON	LTA / GIA :	
		Medical Bill:	
	TPV: MB C180 - 1597cc	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: LS	S$ 6000.00 (6 days) Reduction: 11402.61	% 66	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13.09.22	Confirm with KERRY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6,420.00 W/GST		
Loss of Rental (LOR):	S$ 800.00 (8 days) x $100		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 7.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 100.00 (e.g. Tow / Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 7,327.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 13.09.22	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7,327.45	Name 1: XIN HUA WORKSHOP PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	