

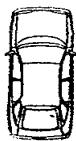
INS. CASE OWNER:

ASSIGNMENT

CC4/LPC21009430/Uea3q2-1

Surveyor: ~~ADRIAN~~ MARCUS DOI: ~~08/09/2021~~ Date / Time : ~~07.00.2021~~ 29/11/2021
 29/11/2021 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **5025S**
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ _____ D.O.A : **06.09.2021**

Claim No. : **20/21/21/VC40/024928**
 Policy No. : **Z/20/VC40/109099-001**
 Make / Model : _____
 Place of Accident : _____

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

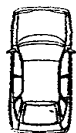
If NO, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

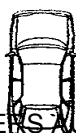
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SMR 644T



INSRS: _____
 WSP: ~~RYDER AUTO~~
 Tel : ~~PTE LTD~~
 Liability : _____
 RMKS: LEE BROTHERS AUTOMOTIVE PTE LTD



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SMR 644T - X		
	5025S - CC4/LPC21009428/Aba3 ; 06/09/2021	Non-Reporting ltr (1st):	
	CC4/LPC21009429/Aea3 ; 06/09/2021	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: LWP		
Repair Cost: L/S S\$ 800.00	(2 days) Reduction: 82 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 25.02.22 Confirm with: _____ Email ☐ Call ☐		
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 856.00	OI HIT TP STATIONARY VEHICLE		
Loss of Rental (LOR): S\$ 200.00	(2 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\$ - (e.g. Tow/ Independent)	2) Report Format: TP/WP	
Legal Cost	S\$ -	3) Survey fee: \$400-\$250 = \$150	
Total:	S\$ 1,063.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 25.02.22 Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 1,063.45 Name 1: LEE BROTHERS AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		