15/5/2010

INS. CASE OWNER: CC6/CTI22000698/Uea3

LKK:

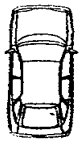
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 20/01/2022 Date / Time : 19/01/2022

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 2611D

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/01/2022

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

Claim No. : SNM22D200265/C02/YN2611D/TANKW

Policy No. : DMCVSNW00004542101

Make / Model :

Place of Accident :

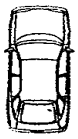
If **NO**, Driver Name / Age :

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

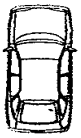
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

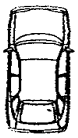
YQ 4011G → → →



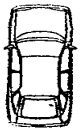
INSRS:
WSP: LIU'S
Tel : BROTHER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YN 2611D - NS/INC12003880/R1fn ; 14.12.2011	**STAGE** **DATE / PIC**
	YQ 4011G - X	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: CKS
Repair Cost: P/P	S$ 2,000.00 (3 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.06.22	Confirm with SUSAN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,000.00	OID HIT TP STATIONARY VEH	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 500.00 ($100 x 5 days)		
Loss of Income (LOI):	S$ - ($ 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: $400
Total:	**S$** 2,502.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 22.06.22	Confirm with: SUSAN	Email ☐ Call ☐
Payee 1:	S$ 2,502.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	