

15/5/2010

INS. CASE OWNER:

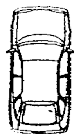
~~CC4/LPC22001177/Egs3~~

LKK:

IDAC:

INS. CASE OWNER: **ASSIGNMENT** **CC4/LPC22001177/Epa3q2**Surveyor: **Steve** DOI: **10/02/2022** Date / Time : **08/02/2022**Registered in Merimen: **—**

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBB 4549Z**

Claim No. : _____

Name of Insured : **HASSAN BARBER PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

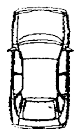
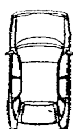
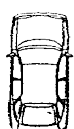
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/02/2022**

Place of Accident : _____

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****SLF 9964K**INSRS:
WSP: **WAH HONG**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLF 9964K : X ; GBB 4549Z : 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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:		
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum S\$ 750.00 (3 days) Reduction: 63 %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 28/09/2022 Confirm with Jenny		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 802.50			
Loss of Rental (LOR): S\$ 350.00 (3.5 days) x\$100			
Loss of Use (LOU): S\$ (\$ x 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\$ 1,154.50	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ 1,154.50	Name 1: Wah Hong Motors & Credit Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		