

Surveyor: RASUL DOI: ASSIGNMENT 28/02/2022 Date / Time : 15/02/2022
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBC 135E Claim No. : 22/22/22/VC05/025465
Name of Insured : UNION EXHIBITION Policy No. : Z22VC05010011
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : \$ _____ D.O.A : 13/02/2022 18:04 Place of Accident : BLK. 20 & 21, TOA PAYOH LORONG 7 OPEN-AIR CARPARK
Is driver the owner? (YES / NO) Nature of Accident : _____

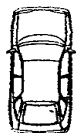
If NO, Driver Name / Age : KOH HOI TENG

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

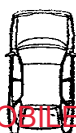
Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / NoSKP 6889Z

INSRS: _____
WSP: AVANTAGE
Tel : VAG ->
Liability : _____
RMKS: _____



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



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



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

CYS AUTOMOBILE SERVICES PTE LTD

Date/ Time		STAGE	DATE / PIC
	<u>SKP 6889Z - NA/FC16017561/h4 ; 16/09/2016</u>	Non-Reporting ltr (1st):	
	<u>NA/LPC22001461/m4 ; 13/02/2022</u>	Non-Reporting ltr (2nd):	
	<u>NS/INC16010906/K1vbd1 ; 10/06/2016</u>	Non-Reporting ltr (Final):	
	<u>GBC 135E - NA/LPC22001461/m4 ; 13.02.2022</u>	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: <u>MRB</u>		
Repair Cost: <u>L/S</u> S\$ <u>6,400.00</u> (<u>6</u> days) Reduction: <u>27</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>04.07.22</u> Confirm with: <u>TEE WEE SIN</u> Email ☐ Call ☐		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>6,848.00</u>		<u>OID CUT INTO TP LANE AND HIT TP</u>	
Loss of Rental (LOR): S\$ <u>-</u> (_____ days)			
Loss of Use (LOU): S\$ <u>480.00</u> (\$ <u>60</u> x <u>8</u> days)			
Loss of Income (LOI): S\$ <u>-</u> (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ <u>-</u>		1) Claim status: Normal/ Reject/Private Settlement	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>		3) Survey fee: <u>\$400</u>	
Total: S\$ <u>7,330.00</u> Global Sum S\$:			
FINAL PAYMENT	Date/Time: <u>04.07.22</u> Confirm with: <u>TEE WEE SIN</u> Email ☐ Call ☐		
Payee 1: S\$ <u>7,330.00</u> Name 1: <u>CYS AUTOMOBILE SERVICES PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			