15/5/2010

INS. CASE OWNER:

CC4/LPC22002337/Kga3

LKK:

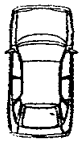
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 15/03/2022 Date / Time : 14/3/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 3285U Claim No. : 21/22/22/VC00/025545

Name of Insured : GOURMET TRENDZ PTE. LTD. Policy No. : Z/21/VC00/112247

Insured Tel No. : HP: Make / Model :

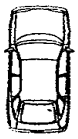
Excess Sec II :S$ D.O.A : 11/03/2022 Place of Accident : 1 Woodlands Height

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

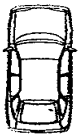
If **NO**, Driver Name / Age : PEK QING WEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

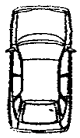
SGV 3288T → → →



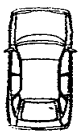
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGV 3288T - X		
	GBF 3285U - NBA/LPC18018043/k4 ; 03.10.18	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 :		
	CLAIMANT - NG GUAT HOON	Medical Bill:		
		PIR:		
	TPV: MB E350 - 1991cc	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: PP	S$ 330.00 (1 days) Reduction: 6611.50 % 95		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/07/2022	Confirm with KAITLYN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 353.10 W/GST		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 160.00 ($ 80 x 2 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: $400.00
Total:	**S$** 515.10	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 515.10	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	