

INS. CASE OWNER:

CC4/LPC22003814/Epa3q2

IDAC:

ASSIGNMENTSurveyor: SteveDOI: 09/05/2022Date / Time : 25/04/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YN 9163 J

Claim No. : _____

Name of Insured : ASIA PILING CO PTE LTDPolicy No. : Z/21/VC00/112243

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/04/2022 20:00

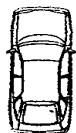
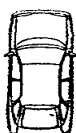
Place of Accident : _____

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

If NO, Driver Name / Age : ARUMUGAM VETRIVEL

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

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

Insured Liability : % **Final ? Yes / No**SFF 7777TINSRS:
WSP: Cycle & Carriage
Tel : Industries Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SFF 7777T - X	YN 9163J - 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: <u>P/P</u>	S\$ <u>6,072.47</u> (<u>5</u> days) Reduction: <u>17</u> %		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>22/09/2022</u> Confirm with <u>Amanda</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>6,497.54</u>			
Loss of Rental (LOR) <u>w/GST</u>	S\$ <u>909.50</u> (<u>5</u> days) <u>x \$170.00</u>			
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\$ <u>2.00</u>			
Medical:	S\$		1) Claim status: Normal/Reject/Private Settlement	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$400.00</u>	
Total:	S\$ <u>7,409.04</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>7,409.04</u>	Name 1:	<u>CYCLE & CARRIAGE INDUSTRIES PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		