15/5/2010

| INS. CASE OWNER: | KENNY | CC4/LPC22004153/Kpa3 | LKK: |
| | | | IDAC: |

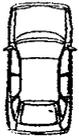## ASSIGNMENT

Surveyor: **Kenneth**   DOI: **25/05/2022**   Date / Time : **4/5/22**

Registered in Merimen: _____

Pre-assign / CCU / FTE

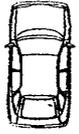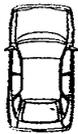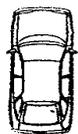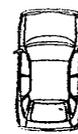|		
Insured Vehicle No. : **GBB 7796G**	Claim No. : **22/22/22/VC05/025732**
Name of Insured : **CAC ENGINEERING**	Policy No. : **Z22VC05010826**
Insured Tel No. : ___ HP: ___	Make / Model : **Hyundai Starex**
Excess Sec II :S$ ___ D.O.A : **27/04/2022 15:30**	Place of Accident : **OLD HOLLAND ROAD**
Is driver the owner? (YES / NO) Nature of Accident : ___	
If **NO**, Driver Name / Age : **KHAN UZZAL**	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : ___ (V/L: YES / NO)	Insured Liability : ___ % **Final ? Yes / No**

GBF 3118U → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **LIM TAN MOTOR**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	GBF 3118U - CS/MSG17006750/T1vh3q2 ; 3/4/17 GBB 7796G - 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

	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$ **5,150.00** (**6** days) Reduction: **44** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **29/09/2022** Confirm with **Mandy** Email ✓ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST** S$ **5,510.50**	
Loss of Rental (LOR): S$ **375.00** (**3** days) x $125	
Loss of Use (LOU): S$ ($ x days)	
Loss of Income (LOI): S$ ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search S$ **7.45**	
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: **$400.00**
Total: S$ **5,892.95** **Global Sum S$: 5,880.00**	

FINAL PAYMENT Date/Time: ___ Confirm with: ___ Email ✓ Call ☐

Payee 1: S$ **5,880.00**	Name 1: **Lim Tan Motor Pte Ltd**
Payee 2: (Strike if N.A.) S$	Name 2:
Payee 3: (Strike if N.A.) S$	Name 3: