15/5/2010

INS. CASE OWNER:

CC4/LPC22008274/Rpa3

LKK:

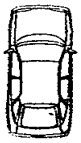
IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 23/08/2022 Date / Time : 23/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 5101D Claim No. : 21/22/22/VC05/026175

Name of Insured : TS LANDSCAPE & CE PTE LTD Policy No. : Z22VC05013154

Insured Tel No. : HP: Make / Model :

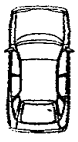
Excess Sec II :S$ D.O.A : 17/08/2022 14:00 Place of Accident : NATIONAL JUNIOR COLLEAGE SCHOOL COMPOUND

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

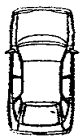
If **NO**, Driver Name / Age : ZHANG WEIDONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

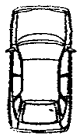
SMT 2308R → → →



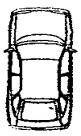
INSRS:
WSP: HIN LUNG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
XD 5101D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE DATE / PIC
	CS3/SMO19020321/R1cd3e2 29/11/2019 XD 6812D XD 5101D 13/11/2019 29/11/2019 NVT	Non-Reporting ltr (1st):
SMT 2308R - X		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	*TP converted OD claim.	Call OI:
		After call ltr to OI:
	*Submit WP report to LPC	**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~~ Submit	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 5,112.40 (6 days)	Reduction: 52 %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ /WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	