15/5/2010

INS. CASE OWNER: CC4/LPC22008314/Tpa3

LKK:

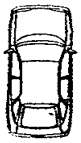
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: Date / Time : 26/08/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 6902M Claim No. : 21/22/22/VC05/026197

Name of Insured : LEA HIN CO. (POWDER MANUFACTURERS) PTE LTD. Policy No. : Z21VC05009036

Insured Tel No. : HP: Make / Model :

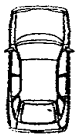
Excess Sec II :S$ D.O.A : 16/08/2022 18:00 Place of Accident : ALEXANDRA ROAD TOWARDS GANGES AVENUE QUEENSWAY TRAFFIC JUNCTION)

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

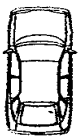
If **NO**, Driver Name / Age : GAN CHEE WEI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

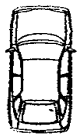
GBF 9864J → → →



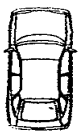
INSRS: Think One Autocare Pte Ltd
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
GBF 9864J - X			
YN 6902M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	Non-Reporting ltr (1st):	
	CC4/ASM17021611/Wpb3q2 10/04/2018 SFM 9018B YN 6902M 09/11/2017 10/04/2018 LCP	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: L/SUM	S$ 3,400.00 (4 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/07/2023	Confirm with Micheal	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 3,672.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 400.00 ($80 x 5 days)		
Loss of Income (LOI):	S$ ($ 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: $400.00
Total:	**S$** 4,074.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,074.00	Name 1:	THINK ONE AUTOCARE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	