15/5/2010

INS. CASE OWNER:

CC4/LPC22008708/Rpa3

LKK:

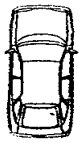
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 05/09/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 6994L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 27/08/2022 08:35

Is driver the owner? (YES / NO)

Claim No. : 22/22/22/VC05/026204

Policy No. :

Make / Model :

Place of Accident : MARSILING HEAVY VEHICLE CAR PARK

Nature of Accident :

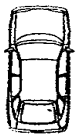
If **NO**, Driver Name / Age :

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

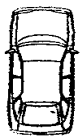
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

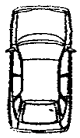
PC 6447A → → →



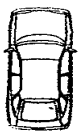
INSRS:
WSP: LEXBUILD AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
PC 6447A - X	
XD 6994L -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Closing Date Created By
	CS/EGI17016298/Ggbn2 08/01/2018 SKX 3655J XD 6994L 21/08/2017 08/01/2018 NRH
	CS3/LPC19008316/Evd3n2 24/05/2019 GBD 2894D XD 6994L 02/05/2019 28/05/2019 MVT
	CS3/LPC19008316/Evf3n2-1 04/11/2020 GBD 2894D XD 6994L 02/05/2019 04/11/2020 EST1

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: L/SUM	S$ 8,550.00 (7 days)	Reduction: 63 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/11/2022	Confirm with Alvin	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 9,148.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 1,200.00 ($ 150 x 8 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: $400.00
Total:	**S$** 10,350.50	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 10,350.50	Name 1: LEXBUILD AUTO & TRADING PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	