15/5/2010

INS. CASE OWNER:

CC4/LPC22012036/pa3

LKK:

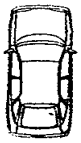
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 01.12.2022

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 5135G

Name of Insured : CHUAN LIM CONSTRUCTION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 30/11/2022 12:55

Is driver the owner? (YES / NO)

Claim No. : 22/22/22/VC05/026647

Policy No. : Z22VC05014861

Make / Model : _____

Place of Accident : WOODLANDS AVE 12

Nature of Accident : _____

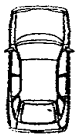
If **NO**, Driver Name / Age : RAHMAN GAZIUR

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

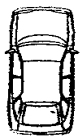
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

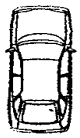
SLE 3561J → _____ → _____ → _____



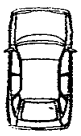
INSRS:
WSP: MBM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SLE 3561J - X	
XD 5135G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
CS/GAI16009560/Avbc2 29/06/2016 GBB 6279P XD 5135G 10/05/2016 01/07/2016 CKL	
CS/GAI16023477/H1tbn2 14/02/2017 YM 6430M XD 5135G 24/05/2016 15/02/2017 CKL	

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: P/P	S$ 5,827.50 (5 days)	Reduction: 64 %	Email ☑ Call ☐
FINAL SETTLEMENT	Date/Time: 20/06/2023	Confirm with PEI SHI	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 6,293.70		
Loss of Rental (LOR): 7%GST	S$ 802.50 (5 days)	x $150.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $400.00
Total:	**S$** 7,098.20	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,098.20	Name 1:	MBM Wheelpower Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	