15/5/2010

INS. CASE OWNER:

CC4/LPC23000174/Kpa3

LKK:

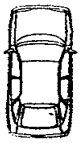
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: _____ Date / Time : 05/01/2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YP 7901Z Claim No. : _____

Name of Insured : CHENG HENG PAPER PRODUCTS CO PTE LTD Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

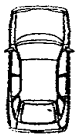
Excess Sec II :S$ _____ D.O.A : 27/12/2022. Place of Accident : CHANGI MALL WAY

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

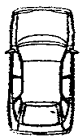
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

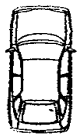
SNC 2166K → _____ → _____ → _____



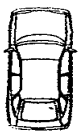
INSRS:
WSP: CARTIMES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
SNC 2166K - X	
YP 7901Z -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
	CC4/LPC22010850/Epa3 01/11/2022 SMX 70S YP 7901Z 27/10/2022 HMK

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$ 1,500.23 (2 days)	Reduction: 76 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19/06/2023	Confirm with JOYCE	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 8%GST	S$ 1,620.25		
Loss of Rental (LOR): 8%GST	S$ 388.80 (3 days)	X $120	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 33.00		
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: $400.00
Total:	**S$** 2,042.05	**Global Sum S$:** 2,040.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,040.00	Name 1:	CAR TIMES AUTOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	