INS. CASE OWNER: CC 6 / AIG 1900 5747 / Afo3

LKK:

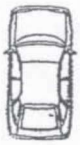
IDAC:

ASSIGNMENT

Surveyor: LWP DOI: 29/3/2019 Date / Time : 29/3/19

Registered in Merimen: 1/4/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SME 5493Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

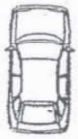
Excess Sec II :S$ D.O.A : 25/3/2019 Place of Accident :

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

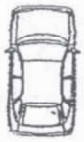
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

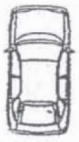
YN 2370 Z → → →



INSRS:
WSP: Chin Meng
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YN 2370 Z - X ; SME 5493Y - X

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: S$ 1,400.00 (4 days) Reduction: 67 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30/04/2020 Confirm with Quek Kim Seng Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: S$ 1,400.00

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 600.00 ($120 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$ -

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ - 3) Survey fee: $320

1) Claim status: Normal/[redacted]

Total: S$ 2,000.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 2,000.00	Name 1:	Chin Meng Motors
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	