

INS. CASE OWNER:

Defar Wang CC 4, ASM 1900 1955, 11haz

LKK:

IDAC:

113896

Surveyor:

m/m

DOI:

ASSIGNMENT

6/5/19

Date / Time :

6/5/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SBN 9998P

Claim No. :

S9M01MAF

Crx

Name of Insured :

Ang Ghim Hoek

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : S\$

D.O.A :

15/1/19

Place of Accident :

Is driver the owner? (YES / NO)

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

SBN 9998P

SLV 4196J

GBC 8361Z



INSRS:

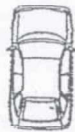
WSP:

Tel :

Liability :

RMKS:

01



INSRS:

WSP:

Tel :

Liability :

RMKS:

Cheng Auto

1p



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLV 4196J. C61A614007A19/4563 ; B0A: 15/1/19
 SBN 9998P. C61A613001469/423W2 ; B0A: 15/1/19

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:

25/04/2020

Pls refer to Views for details.

ELIMINARY ADVICE Date/Time:

Sent By:

NALIZATION

Date/Time:

Confirm with:

Confirm by:

pair Cost: L/sum

S\$ 8,450.00 (9 days) Reduction: 65 %

Email ☐ Call ☐

NAL SETTLEMENT

Date/Time: 25/04/2020

Confirm with CHENG AUTO

Email ☒ Call ☐

ial Liability:

% 100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 100

pair Cost: w/GST

S\$ 9,041.50

ss of Rental (LOR):

S\$ 1,210.00 (11 days) x \$110.00

ss of Use (LOU):

S\$ (\$ x days)

ss of Income (LOI):

S\$ (\$ x days)

R only ☒ LOU only ☐LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

A/LTA Search

S\$ 2.00

Medical:

S\$

bursement:

S\$

(e.g. Tow/ Independent)

al Cost

S\$

tal:

S\$ 10,253.50

Global Sum S\$: 10,150.00

VAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

ee 1:

S\$ 10,150.00

Name 1:

CHENG AUTO BODYWORKS

ee 2: (Strike if N.A.)

S\$

Name 2:

ee 3: (Strike if N.A.)

S\$

Name 3: