INS. CASE OWNER: Ng Staley | CC 4, ASM 1900 8087, A has | LKK: IDAC: 114717

ASSIGNMENT

Surveyor: Lmp DOI: 9/5/19 Date / Time: 8/5/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJG 6553B

Name of Insured : Ng wan boon

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 6/5/2019

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

If NO, Driver Name / Age :

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

Claim No. : SGM01MPB 6X

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SMC 8716 X → → →

INSRS:
WSP: Cas Garage.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMC8716X - X ; SJG6553B - X
19/04/2020	Pls refer to Views for details.

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$ 8,700.00 (9 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/04/2020 Confirm with Nicole Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

Repair Cost: S$ 8,700.00

Loss of Rental (LOR): S$ 900.00 (9 days) x $100.00

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$ 7.45

Medical: S$

Disbursement: S$ (e.g. Tow/ Independent)

Legal Cost S$

Total: S$ 9,607.45 Global Sum S$ 9,100.00

If NO or B 28, Ass. Lia :

1) Claim status: Normal/[redacted]

2) Report Format: TP

3) Survey fee: $350.00

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

Payee 1:	S$ 9,100.00	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	