

15/5/2010

CC4/AIG19011412/Kkb3

LKK:

INS. CASE OWNER:

CC /AIG1900 /

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : **SKV7836M**
 Name of Insured : **LIM CHEE KIAN HAROLD**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$ _____ D.O.A : **25/06/2019**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

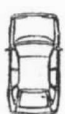
Insured Liability : % Final ? Yes / No



INSRS:
WSP: **SJK6776D**
Tel : **TP**
Liability : _____
RMKS: **CHENG HOE**



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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 1,758.05	(3 days) Reduction: % Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 20/4/2020 Confirm with: JUNE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	\$S 1,881.11	
Loss of Rental (LOR):	\$S - (- days)	
Loss of Use (LOU):	\$S 300 (\$ 100 x 3 days)	
Loss of Income (LOI):	\$S - (\$ - x - days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	\$S 8	
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: \$320
Total:	\$S 2,189.11	Global Sum \$S:
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1:	\$S 2,189.11	Name 1: CHENG HOE MOTOR PTE LTD
Payee 2: (Strike if N.A.)	\$S -	Name 2: _____
Payee 3: (Strike if N.A.)	\$S -	Name 3: _____