

INS. CASE OWNER:

NG Stacey

CC4/ASM19014308/ *P1g03*

LKK:

IDAC:

131762

Surveyor:

Phur

DOI:

ASSIGNMENT

16/8/19

Date / Time : 16/08/2019

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : GBD 210R
 Name of Insured : SIANG HENG FISH MERCHANT PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 15/08/2019 12:45
 Is driver the owner? (YES NO) Nature of Accident : _____
 If NO, Driver Name / Age : TON CHAI HONG
 Driver Tel No. : +65-94372917 (V/L: YES / NO)

Claim No. : S9M01X7A
 Policy No. : P1506565
 Make / Model : _____
 Place of Accident : AYE

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : _____ % **Final ? Yes / No.**

SHB2120T



INSRS:
WSP: DING AUTOMOTIVE
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time	STAGE	DATE / PIC
SHB 2120T - CC3/FCI13017011/Kgu2 ; DOA:06/07/13	Non-Reporting ltr (1st):	
NS/INC12019132/H1kn ; DOA:29/9/12	Non-Reporting ltr (2nd):	
GBD 210R - CC4/AIG17000706/Afa3n2 ; DOA:10/01/17	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)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: RASUL

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: RASUL
 Repair Cost: P/P S\$ 9087.20 (7 days) Reduction: 4953.72 % 35 Email Call

FINAL SETTLEMENT Date/Time: 17/04/2020 Confirm with HASHIM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia : _____
 Repair Cost: (W/GST) S\$ 9723.30
 Loss of Rental (LOR): S\$ 819.00 (7 days) x \$117.00
 Loss of Use (LOU): S\$ _____ (\$ x days)
 Loss of Income (LOI): S\$ 350.00 (\$ 50 x 7 days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$ 2.00
 Medical: S\$ _____
 Disbursement: S\$ _____ (e.g. Tow/ Independent)
 Legal Cost S\$ _____
Total: S\$ 10,894.30 **Global Sum S\$:** 10,850.00
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: \$350.00

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

Payee 1: S\$ 10,850.00 Name 1: DING AUTOMOTIVE PTE LTD
 Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____
 Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____