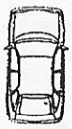
15/5/2010

INS. CASE OWNER: CC 4/AIG1901 5661, Kah | LKK: IDAC:

Surveyor: Kenneth | **ASSIGNMENT** DOI: 4/9/19 | Date / Time : 3/9/19

Registered in Merimen: 4/9/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SGB 6665Z | Claim No. : 6084-1587-SG

Name of Insured : HB INVESTMENTS PTE | Policy No. : 7010431237-04

Insured Tel No. : | HP: | Make / Model : NISSAN

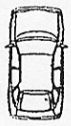
Excess Sec II :S$ | D.O.A : 30/8/19. | Place of Accident : JLN EUNOS.

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

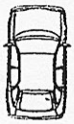
If **NO**, Driver Name / Age : ABDUL RASHEED | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

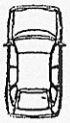
SLV 1859Y. → → →



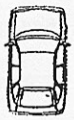
INSRS:
WSP: Chew Goon
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 1859Y - X SGB6665Z - 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:	15/11/19

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$ 1858.80 (3 days)	Reduction: 32 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 15/1/2021	Confirm with Kelly	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: W/OT	S$ 1988.92		O/D REAR END TO
Loss of Rental (LOR) W/OT	S$ 535.00 (5 days)	X $107	
Loss of Use (LOU):	S$ – ($ x days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 2.00		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format: C/P
Legal Cost	S$ –		3) Survey fee: $320.00
Total:	S$ 2525.92	**Global Sum S$:** 2520.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2520.00	Name 1: Chew Kuan Motor	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	