15/5/2010

INS. CASE OWNER: | CC6/CTI19017345/Aka3 P | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/10/2019 Date / Time : 01/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 2077A Claim No. :

Name of Insured : Loo Chee Jong Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 23/09/2019 08:05 Place of Accident : BKE TWDS WOODLANDS

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

If **NO**, Driver Name / Age : Loo Kim Poh. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLR 6160U → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: XIN HUA	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SLN 2077A - X	SLR 6160U - X
	To confirm time of accident.	
9/10/19	→ Already informed Charn's customer left. To follow up with Charn's customer left.	

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:	18/11/14 e-mail only

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: Email Call

Repair Cost: PP S$ 12021.70 (5 days) Reduction: 37 %

FINAL SETTLEMENT Date/Time: 27/9/2021 Confirm with Kevin Email ✓ Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 37	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 12021.70 OID REAR ENDED TP	
Loss of Rental (LOR): 4/4/7	S$ 642.00 (6 days) X$107	
Loss of Use (LOU):	S$ – ($ 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$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: AP
Legal Cost	S$	3) Survey fee: $400.00
Total:	**S$** 12671.45 **Global Sum S$:** 12670.00	

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

Payee 1:	S$ 12670.00	Name 1:	Xin Hua Workshop Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	