15/5/2010

INS. CASE OWNER: CC 6 /AIG1901 9574 / Adam S

LKK:

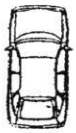
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 4/11/19 Date / Time : 4/11/19.

Registered in Merimen: 5/11/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 3969Y. Claim No. :

Name of Insured : EDWIN WONG WENG CHIN Policy No. : 180001180D

Insured Tel No. : HP: Make / Model : KIA

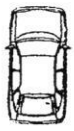
Excess Sec II :S$ D.O.A : 26/10/19. Place of Accident : THE RIVEL MALL

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

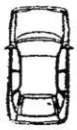
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

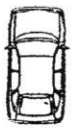
SLM 8287B → → →



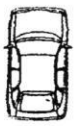
INSRS:
WSP: XIN HUA.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLM 8287B - t SLW 3969Y - t

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: S$ 4696.10 (5 days) Reduction: 70 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 8/10/2020 Confirm with Kelvin Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: S$ 4696.10 OI hit TP veh while making 3 point turn

Loss of Rental (LOR): (w/GST) S$ 535.00 (5 days) x $100

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$ 7.45	
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: $320
Total:	**S$ 5238.55**	**Global Sum S$:**

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

Payee 1:	S$ 5238.55	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:	