

INS. CASE OWNER:

Bennie Tan

CC4/AIG19021469/Dda3

LKK:

IDAC:

Surveyor:

BRYAN

DOI:

ASSIGNMENT

04/12/19

Date / Time : 03/12/19

Registered in Merimen: 04/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 3668C  
 Name of Insured : JIASHAN BUILDING CONTRACTOR

Claim No. : 2120818289SG  
 Policy No. : 1900082711  
 Make / Model : NISSAN NV200-1.5 (M)  
 Place of Accident : BUKIT BATOK ST 23 CARPARK

Insured Tel No. : HP: \_\_\_\_\_  
 D.O.A : 29/11/19

Excess Sec II :S\$

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

If NO, Driver Name / Age : KOH WEE BOON

Driver Tel No. : +65-84043788 (V/L: YES / NO )

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

Insured Liability : % Final ? Yes / No

SH 8888K



INSRS:  
WSP: CHUNNI  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SH 8888K- CS/FCI18022319/Kqbn2; DOA : 09.12.18 GBJ 3668C - 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:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input 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 type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input 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 type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:		Confirm by:	
FINALIZATION Date/Time: Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost:	S\$ 3,450.00 ( 3 days) Reduction: 47 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 06/07/2020 Confirm with William		If NO or B 28, Ass. Lia :	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		
Repair Cost: (w/GST)	S\$ 3,691.50		
Loss of Rental (LOR):	S\$ 438.90 ( 3.5 days) X \$125.40		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ 175.00 (\$ 50 x 3.5 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 2.00	1) Claim status: Normal/ <del>Special</del>	
Medical:	S\$ - (e.g. Tow/ Independent )	2) Report Format: TP	
Disbursement:	S\$ -	3) Survey fee: \$320	
Legal Cost	S\$ -		
Total:	S\$ 4,307.40 Global Sum S\$: 4,300.00	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL PAYMENT Date/Time: Confirm with:			
Payee 1:	S\$ 4,300.00 Name 1: Chunni Motor Work Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		