

INS. CASE OWNER:

Bennie Tan

CC4/AIG20001979/Kda3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

KENNETH

DOI: 04/02/2020

Date / Time : 04/02/2020

Registered in Merimen: 05/02/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SLL 5371R

Name of Insured : CHUA KOK CHUAN

Insured Tel No. : HP: \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 01/02/2020 14:30

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

If NO, Driver Name / Age : \_\_\_\_\_

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Claim No. : 0897401003SG

Policy No. : 21000502748-03

Make / Model : NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Place of Accident : BUKIT TIMAH EXPRESSWAY  
(NEAR TO SLE EXIT)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SLH 3945U

SLL 5371R

SLB 7958M



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: OI

INSRS:  
WSP: CHENG  
Tel : HOE

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SLB 7958M - X	SLL 5371R - 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:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$ 4,250.00 ( 6 days) Reduction: 26 %

Email ☐ Call ☐

## FINAL SETTLEMENT Date/Time: 28/07/2020 Confirm with June

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 0%

Repair Cost: (w/GST) S\$ 4,547.50

3 veh C.C, OI was 2nd

Loss of Rental (LOR): S\$ 840.00 ( 7 days) X \$120

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\$ 8.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent )

Legal Cost S\$ -

Total: S\$ 5,395.50 Global Sum S\$: 5,390.00

1) Claim status: Normal/ ~~Reject Private Sum~~

2) Report Format: TP

3) Survey fee: \$320

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

Payee 1: S\$ 5,390.00 Name 1: Cheng Hoe Motor Pte Ltd

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3: