

INS. CASE OWNER:

CC6 / AIG 2000 2350 / Aics3

IDAC:

ASSIGNMENT CC6/AIG20002350/Aps3

Surveyor:

Adrian

DOI:

10/2/2020

Date / Time :

10/2/2020

Registered in Merimen:

11/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLD 2670P

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

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

Make / Model : \_\_\_\_\_

Excess Sec II : \$S \_\_\_\_\_ D.O.A : 7/2/2020

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

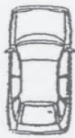
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SDE 95996

INSRS:  
WSP: Lee Sheng  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SDE 95996 : NBA / INC 15007726 / 61 ; DOA: 7/8/15  
SLD 2670P : CS / CT 20002350 / H4F3 ; DOA: 7/2/2020

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/sum \$S 8,800.00 ( 9 days) Reduction: 57 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 15/12/2020 Confirm with Ms Lee

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 9,416.00

Loss of Rental (LOR): \$S 1,000.00 ( 10 days) x \$100.00

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

Medical:

Disbursement:

Legal Cost

Total: \$S 10,416.00

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: \$S 10,416.00

Name 1: LEE SHENG AUTO PTE LTD

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Adrian

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

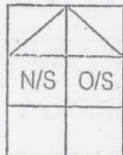
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SDE 9599 G Yr Regn: 2016 / Dec.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Lexus ES250 c.c. 2494Colour Silver A/C: Insured / Std / NI / NASp. Reading 62649 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTH BJ1G 6102094715Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/45R18R: 235/45R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 10/02/20Survey held at Lee ShengDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TPAIG

mv:

pv:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic &amp; Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Preli. Report:

Final Report:

## Third Party Insurer Enquiry

Our Ref No: GR-20-023124

Date of Request: 10/02/2020

Your Ref No: Online Purchase

Lee Sheng Auto Pte Ltd  
1 Kaki Bukit Avenue 6  
#01-58/60 AutoBay@Kaki Bukit  
Singapore 417883

Dear Sir/Madam,

Enquiry Date 10/02/2020  
Enquiry By LEE EK CHEN  
TP Vehicle No. SLD2670P  
Accident Date 07/02/2020

### Enquiry Result

| TP Vehicle No. | Insurer                              | Period of Insurance   | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SLD2670P       | AIG Asia Pacific Insurance Pte. Ltd. | 10/06/2019-09/06/2020 | 65-6419-3000     |

Thank You.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-20-023124

Date of Request: 10/02/2020

Your Ref No: Online Purchase

Lee Sheng Auto Pte Ltd  
1 Kaki Bukit Avenue 6  
#01-58/60 AutoBay@Kaki Bukit  
Singapore 417883

Dear Sir/Madam,

Enquiry Date 10/02/2020  
Enquiry By LEE EK CHEN  
TP Vehicle No. SLD2670P  
Accident Date 07/02/2020

| DESCRIPTION                      | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry               | 1.87         |
| GST Amount                       | 0.13         |
| Total Amount Due (GST Inclusive) | 2.00         |

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque