INS. CASE OWNER: CC6 / AIG 20002350 / Aps3 | IDAC:

ASSIGNMENT CC6/AIG20002350/Aps3

Surveyor: Adrian DOI: 10/7/2020 Date / Time : 10/7/2020

Registered in Merimen: 11/7/2020

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 : 7/7/2020 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**

SDE9599G → → →

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SDE9599G : NBA / INC1500777276 / 1 ; DOA: 7/5/15
	SLD 2670P : CS / CTI 20002343 / Htf3 ; DOA: 7/7/2020
15/12/2020	Pls refer to VIEWS for details.

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: 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	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
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.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDE 9599G Yr Regn: 2016 / Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Lexus ES250 c.c 2494

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 62649 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTHBJ1GG1062094715

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/45R18

R: 235/45R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	10/02/20

Survey held at Lee Sheng.

Des. 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
	TP A/G.
	MV :
	PV :
	Nett:

Date/Time, File Pass to?	Date/Time, File Return to?
1)	2)
3)	4)
5)	6)

Preli. Report:

Final Report:

Part Prices Check:

IN	OUT

Survey Fee: Date:

Basic & Add.

__ S + RS, __ SI

Photos

Others

TOTAL

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

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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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.

For GIARMC Official use:
Date:
[X] GIRO [ ] Cash [ ] Cheque