

INS. CASE OWNER: LOH CHEE HENG

CC3/AIG20004158/R1da3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL

DOI: 18/03/2020

Date / Time: 17/03/2020

Registered in Merimen: 17/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFR 8910E

Name of Insured : HO YEW HAY, DAVE

Insured Tel No. : HP: _____

Excess Sec II : S\$

D.O.A : 17/03/2020 08:30

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

If NO, Driver Name / Age : CHRISTINE CHUA CHIEW GUAT

Driver Tel No. : +65-97818580 (V/L: YES / NO)

Claim No. : 6581011293SG

Policy No. : 1800106554

Make / Model : MITSUBISHI ATTRAGE-1.2 CVT (A)

Place of Accident : ALONG CTE (NEAR HONG WEN SCHOOL)

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

Insured Liability : % Final ? Yes / No

SKQ 277Z

SFR 8910E

SMA 4799T

SLT 3970H

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: OIINSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 4799T - X	SFR 8910E - 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)	☐ ☐
			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\$ 15,157.20	(10 days) Reduction: 63 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/06/2020 Confirm with: Nadia 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\$ 16,218.20		4 Veh C.C, OI was 3rd	
Loss of Rental (LOR):	S\$ 1,000.00	(10 days) x \$100		
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\$ 2.00			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)		
Legal Cost	S\$ -			
Total:	S\$ 17,220.20	Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1:	S\$ 17,220.20	Name 1: Premium Automobiles Pte Ltd		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		