15/5/2010

INS. CASE OWNER: Loh, Chee-Heng

CC3/AIG20005328/Kga3

LKK:

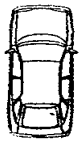
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 21/04/2020 Date / Time : 21/04/2020

Registered in Merimen: 21/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SDV 5785Y

Name of Insured : WONG MENG TECK

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18/04/2020

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

Claim No. : 2926518990SG

Policy No. : 1900077574

Make / Model : SUBARUFORESTER-2.0 I-S EYESIGHT AWD CVT SR (A)

Place of Accident : 10 KALLANG ROAD (OUTSIDE ICA BUILDING)

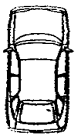
If **NO**, Driver Name / Age : WONG LAY MEIN,SHARON

Driver Tel No. : 97333584 (V/L: YES / NO)

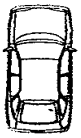
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

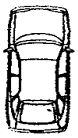
SHD 5470C → → →



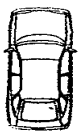
INSRS:
WSP:
Tel : TRANS CAB
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 5470C - CS/SMO20000183/Ktd3n2 02/01/2020	**STAGE**	**DATE / PIC**
	CS/FCI13001500/Uvu2 20/01/2013	Non-Reporting ltr (1st):	
	CC3/TMI19015615/Ktf3n2 01/09/2019	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	SDV 5785Y - CS3/AIG16002798/Aha3s2 09/02/2016	Notification ltr (if non-pickup):	
	CC3/AIG16002913/Kgbd1 09/02/2016	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:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	