15/5/2010

INS. CASE OWNER: Loh, Chee-Heng

CC3/AIG20005328/Kga3

LKK:

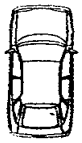
IDAC:

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 Claim No. : 2926518990SG

Name of Insured : WONG MENG TECK Policy No. : 1900077574

Insured Tel No. : HP: Make / Model : SUBARUFORESTER-2.0 I-S EYESIGHT AWD CVT SR (A)

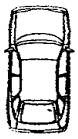
Excess Sec II :S$ D.O.A : 18/04/2020 Place of Accident : 10 KALLANG ROAD (OUTSIDE ICA BUILDING)

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

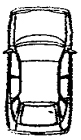
If **NO**, Driver Name / Age : WONG LAY MEIN,SHARON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97333584 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

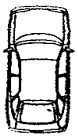
SHD 5470C → → →



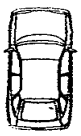
INSRS:
WSP:
Tel : TRANS CAB
Liability :
RMKS:



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	
	CS/FCI13001500/Uvu2 20/01/2013	
	CC3/TMI19015615/Ktf3n2 01/09/2019	
	SDV 5785Y - CS3/AIG16002798/Aha3s2 09/02/2016	
	CC3/AIG16002913/Kgbd1 09/02/2016	
01062021	10 DAYS NOTICE EMAIL TP ON 20/05/2021. TILL DATE, STILL NO RESPONSE. SUBMIT WP. ADMIN TO CLOSE	

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: P/P	S$ 4583.10 (3 days)	Reduction: $24,782.20 % 84	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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: WP
Legal Cost	S$		3) Survey fee: $290.00
Total:	**S$**	**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:	