15/5/2010

INS. CASE OWNER: Chan, Kian-Meng

CC4/AIG20005447/Kka3

LKK:

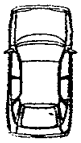
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 29/04/2020 Date / Time : 28/04/2020

Registered in Merimen: 28/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGH 4401A Claim No. : 7024864201SG

Name of Insured : BKW RENT A CAR PTE LTD Policy No. : 0999993973

Insured Tel No. : 67387777 HP: Make / Model : TOYOTA COROLLA-1.6 (A)

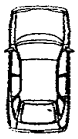
Excess Sec II :S$ D.O.A : 23/04/2020 18:30 Place of Accident : ALONG SERANGOON AVE 3

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

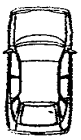
If **NO**, Driver Name / Age : MESUT BIRGUN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97868677 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

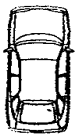
SGC 6K → → →



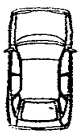
INSRS:
WSP: MBM WHEELPOWER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SGC 6K - x	
	SGH 4401A - NBA/INC19018297/Y 14/10/2019	
	** OI PRIVATE SETTLE WITH TP	

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: KSC

Repair Cost: L/S S$ 1,250.00 (4 days) Reduction: 80 % 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: TP/WP
Legal Cost	S$		3) Survey fee: $290
Total:	**S$**	**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:	