15/5/2010

INS. CASE OWNER: Loh, Chee-Heng

CC4/AIG20005503/Kga3

LKK:

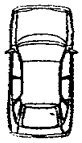
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/05/2020 Date / Time : 30/04/2020

Registered in Merimen: 30/04/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : EE 17S

Name of Insured : CHOO LIH WEI

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 30/03/2020

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

If **NO**, Driver Name / Age : ONG KENG MENG

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

Claim No. : 6592134988SG

Policy No. : 1800037126

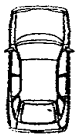
Make / Model : KIA FORTE K3-1.6 EX (A)

Place of Accident : WEST COAST HIGHWAY (TELOK BLANGAH ROAD)

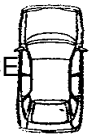
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

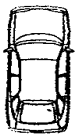
SLM 3017Y → → →



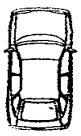
INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLM 3017Y - CS/MSG20004839/f3 30/03/2020	
	EE 17S - NBA/TMI17000065/Y 02/01/2017	
	CS/MSG20004839/f3 30/03/2020	

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$ 1069.36 (2 days)	Reduction: 400.00 % 27	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 03/08/2020	Confirm with CARMEN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1144.22		
Loss of Rental (LOR):	S$ 143.88 (2 days)	x 71.94	
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$ 7.45		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 1295.55	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 1295.55	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	