15/5/2010

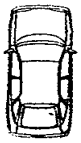
INS. CASE OWNER: Lee, Ming-Yao | CC4/AIG20005657/Kga3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/05/2020 Date / Time : 11/05/2020

Registered in Merimen: 11/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCX 8855K | Claim No. : 0745039618SG

Name of Insured : LAM KHOW YEE | Policy No. : 2100351681

Insured Tel No. : HP: 97311773 | Make / Model : BMW 316I-1.6 (A)

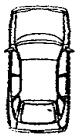
Excess Sec II :S$ D.O.A : 14/04/2020 | Place of Accident : TAMPINES MALL CARPARK

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

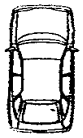
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

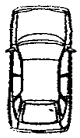
SJQ 5146Y → → →



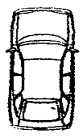
INSRS:
WSP: CHEW GOON
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJQ 5146Y - CC6/AIG10007723/Kha3s2-1 17/04/2010	**STAGE** **DATE / PIC**
	CC6/AIG10007723/Kjr1q2 17/04/2010	Non-Reporting ltr (1st):
	CS/MSG19015588/Kqd3n2 16/08/2019	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	SCX 8855K - CS/CAI12015477/T1qn 07/08/2012	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: L/S	S$ $3,350.00 (4 days) Reduction: $4,520.18	% 57	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/10/2021	Confirm with KELLY	Email ☑ Call ☐
Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 3,584.50	S$ 1,792.25	W/GST	
Loss of Rental (LOR): 898.80	S$ 449.40 (7 days)	x $128.40 W/GST	AIG'S INSRTUCTION
Loss of Use (LOU):	S$ ($ 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
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 2,241.65	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐

Payee 1:	S$ 2,241.65	Name 1:	CHEW GOON MOTOR
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	