15/5/2010

INS. CASE OWNER: Ming-Yao

~~CC4/AIG20005701/Uka3~~

LKK:

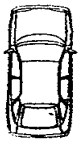
IDAC:

ASSIGNMENT CC4/AIG20005701/Upa3

Surveyor: MARCUS DOI: 13/05/2020 Date / Time : 13/05/2020

Registered in Merimen: 13/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 9080B

Name of Insured : ONG BEE POK

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/04/2020

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

Claim No. : 8728147777SG

Policy No. : 1800005556

Make / Model : KIA CERATO K3-1.6 (A)

Place of Accident : CROSS JUNCTION OF UPP BT TIMAH RD/CHOA CHU KANG RD

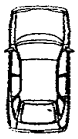
If **NO**, Driver Name / Age : ELTON CHING XIANG WEI

Driver Tel No. : 83839892 (V/L: YES / NO)

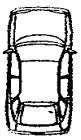
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

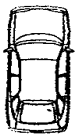
FBN 3609C → → →



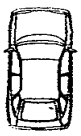
INSRS:
WSP: EROFIA MOTOR TRADING
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBN 3609C - X SLV 9080B - X	**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:
04/03/2021	Pls refer to VIEWS for details.	**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/sum	S$ 7,400.00 (6 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/03/2021 Confirm with Lili		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,400.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 175.00 ($ 25 x 7 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: $320.00
Total:	**S$** 7,575.00 **Global Sum S$:**		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 7,575.00	Name 1:	Erofia Motor Trading Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	