15/5/2010

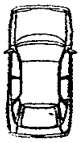
INS. CASE OWNER: Bernard | CC4/AIG20006191/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 12/06/2020 Date / Time : 11/06/2020

Registered in Merimen: 11/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 386H Claim No. : 6829962729SG

Name of Insured : HIAP GIAP FOOD MANUFACTURE PTE LTD Policy No. : 1900258396

Insured Tel No. : HP: Make / Model : TOYOTA DYNA

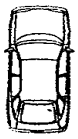
Excess Sec II :S$ D.O.A : 10/06/2020 Place of Accident : OUTSIDE ANG MO KIO HUB AVE 3

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

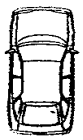
If **NO**, Driver Name / Age : LAI HON PENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90289988 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

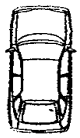
GBA 6589A → → →



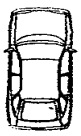
INSRS:
WSP: CHEW GOON MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBA 6589A - GBA 386H -	**STAGE** **DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	TPV: TOYOTA HIACE (2982cc)	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	CLAIMAINT: GRENADIER PRESS PTE LTD	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$ $7,000.00 (9 days)	Reduction: $12,035.70 % 63	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/04/2022	Confirm with KELLY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 7,490.00	W/GST	
Loss of Rental (LOR):	S$ 1,027.20 (12 days)	x $85.60 w/gst	
Loss of Use (LOU):	S$ ($ x days)		C.C (OI LAST)
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: $320.00
Total:	**S$** 8,517.20	**Global Sum S$:** 8,500.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 8,500.00	Name 1:	CHEW GOON MOTOR
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	