

INS. CASE OWNER:

CC6/CTI20006192/Kes3

IDAC:

ASSIGNMENTSurveyor: KENNETHDOI: 11/06/2020Date / Time : 11/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBG 6039P

Claim No. : _____

Name of Insured : M/S. BAK CHWE AUTO PTE LTD

Policy No. : _____

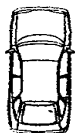
Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA HIACE-3.0 D DX (M)Excess Sec II : \$ _____ D.O.A : 03/06/2020Place of Accident : AIRPORT ROAD SLIP ROAD TO HOUGANG AVE 3Is driver the owner? (YES / NO) Nature of Accident : _____If **NO**, Driver Name / Age : MOHD SELAMAT BIN KAHAROI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NODriver Tel No. : 81667306

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

GBC 1840XINSRS:
WSP: LIM TAN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBC 1840X - X GBT 6039P - 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:	
			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: <u>KSC</u>	
Repair Cost:	<u>L/S</u> S\$ <u>6,700.00</u>	(<u>7</u> days) Reduction:	<u>26</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>05.10.20</u>	Confirm with: <u>MANDY</u>	Email ☐ Call ☐	
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>100%</u>	
Repair Cost:	<u>w/GST</u> S\$ <u>7,169.00</u>	<u>3VEH CC OID LAST</u>		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ <u>700.00</u>	(\$ <u>100</u> x <u>7</u> days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ -	1) Claim status: Normal/ Reject / Private Settle		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ -	3) Survey fee: <u>\$400</u>		
Total:	S\$ <u>7,871.00</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>05.10.20</u>	Confirm with: <u>MANDY</u>	Email ☐ Call ☐	
Payee 1:	S\$ <u>7,871.00</u>	Name 1:	<u>LIM TAN MOTOR PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		