

INS. CASE OWNER:

CC 6 / QBE 2000 6312 / Aes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

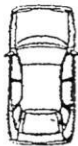
Adrian

DOI: 08/06/2020

Date / Time : 08/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 5138K

Claim No. : —

Name of Insured : LIM YONG WAH ROGER

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$

D.O.A : 03/06/2020

Place of Accident : —

Is driver the owner? (☒ YES / NO)

Nature of Accident : —

If NO, Driver Name / Age :

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

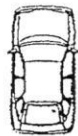
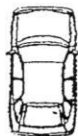
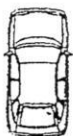
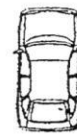
Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : %

Final ? Yes / No

SDB 7323P


 INSRs:
 WSP: KANG CAR
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SDB 7323P : CC6/III17018419/Aea3q2 ; DOA : 20/09/2017 SLX 5138K : 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: LWP	
Repair Cost:	L/S S\$ 3,100.00	(5 days) Reduction: 48 %	Email	Call
FINAL SETTLEMENT	Date/Time: 07.01.21	Confirm with SHARON	Email	Call
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 3,317.00	OID REAR ENDED TP		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 500.00	(\$ 100 x 5 days)		
Loss of Income (LOI):	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -		1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$400	
Total:	S\$ 3,819.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 07.01.21	Confirm with: SHARON	Email	Call
Payee 1:	S\$ 3,819.00	Name 1:	KANG CAR REPAIRERS PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		