15/5/2010 INS. CASE OWNER: Lee, Ming-Yao

Policy No.

Make / Model :

CC4/AIG20006597/Gpa3

LKK:
IDAC

22/06/2020

23/06/2020

5. CABE O WILEIG	
	ASSIGNI

XING GUO QIANG Surveyor:

DOI: 23/06/2020

Pre-assign / CCU / FTE SMD 5585X Insured Vehicle No.

7730469978SG Claim No.

Date / Time:

Name of Insured

**CHEW SIEW KHENG** 

Registered in Merimen:

Insured Tel No.

HP: D.O.A : 20/06/2020 1800102012

Excess Sec II :S\$ Is driver the owner?

(YES / NO) Nature of Accident: Place 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

**SMD 7645T** 



INSRS:

WSP: Tel: BIFROST AUTO

Liability:



INSRS: WSP:

Tel: Liability:



INSRS: WSP: Tel: Liability:



INSRS: WSP: Tel: Liability:

RMKS:	RMKS:	RMKS:		RMKS:	
Date/ Time					
	SMD 7645T - X	SMD 5585X - X	STAGE		TE / PIC
			Non-Reporting ltr (1s		
			Non-Reporting ltr (2n Non-Reporting ltr (Fi		
			Notification ltr (if not		
15/06/2021	Pls refer to VIEW	S for details	Call OI:	г-ріскир).	
13/00/2021	PISTEIEI (U VIEW	o ioi details.	After call ltr to OI:		
			Documentation Che	ck List: Handler	Typist
			Notification ltr (if nor	n-pickup)	
			After call ltr to OI:		
			Authorisation To Act	:	
			Release Voucher:		
			Final Repair Bill:		i H
			Car Rental Invoice:		i H
			Towing Invoice		i 🔚
			LTA / GIA :		<u> </u>
			Medical Bill:		
			PIR:		
			Mandate/Reject Inst	truction:	
			LOD	Tuetion.	1
			Payment Breakdow	n Form:	
PRELIMINARY ADVIC	E Date/Time:	Sent By:	Post-Repair Photos:		1 🗀
	2 2 1110	50m 2j.	Others:		1 -
INALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/sum	s\$ 11,700.00 ( 5	days) Reduction: 54 %		Email Call	
TINAL SETTLEMENT		onfirm with Suanne	Email Call		
Final Liability:	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sessed) BOLA S/N No. : 27	If NO or B 28, Ass.	I ia ·	
Repair Cost: w/GST	S\$ 12,519.00	sessed) BOLA SIN No ZI	II NO 01 B 20, Ass.	Lia .	
oss of Rental (LOR):	S\$ (	days)			
oss of Use (LOU):	s\$ 1,260.00 (\$180 x 7				
		* '			
	S\$ . (\$ x	days)			
oss of Income (LOI):	S\$ (\$ x y LOR + LOU LOF	days) R + LOI [Tick only one]			
oss of Income (LOI): OR only LOU onl	y LOR + LOU LOF	days) R + LOI [Tick only one]			
oss of Income (LOI): OR only LOU onl	V LOR + LOU LOF S\$ 36.45	<del></del>	1) Claim status: No	rmal/R <mark>eject/Trivate</mark>	Senie
oss of Income (LOI): OR only LOU onl GIA/LTA Search Medical:	y LOR + LOU LOF	R + LOI [Tick only one]	1) Claim status: No 2) Report Format:	rmal/RejecoTrivate	Senie
oss of Income (LOI): OR only LOU onl GIA/LTA Search Medical: Disbursement:	V LOR + LOU LOF S\$ 36.45 S\$ S\$ S\$	<del></del>		TP	Senic
LOSS of Income (LOI):  LOR only LOU only  GIA/LTA Search  Medical:  Disbursement:  Legal Cost	y LOR + LOU LOF \$\$ 36.45 \$\$ \$\$ \$\$	R + LOI [Tick only one]  (e.g. Tow/ Independent )	2) Report Format:		Serie
Loss of Income (LOI):  LOR only LOU only  GIA/LTA Search  Medical:  Disbursement:  Loss of Income (LOI):  LOU only  LOU only	y LOR + LOU LOF S\$ 36.45 S\$ S\$ S\$ S\$	R + LOI [Tick only one]	2) Report Format:	TP	Senie
Loss of Income (LOI):  LOR only LOU only  GIA/LTA Search  Medical:  Disbursement:  Legal Cost  Total:  FINAL PAYMENT	S\$ 36.45  S\$  S\$  S\$  S\$  Date/Time:	(e.g. Tow/ Independent )  lobal Sum S\$: 13,800.00  onfirm with:	2) Report Format: 3) Survey fee:	TP	Settic
Loss of Income (LOI):	S\$ 36.45 S\$ S\$ S\$ S\$ S\$ S\$ S\$ S\$ S\$ 13,815.45 G Date/Time: CC	(e.g. Tow/ Independent )	2) Report Format: 3) Survey fee:	TP	Settle