15/5/2010

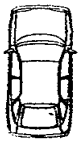
INS. CASE OWNER: Goh, Jeremy | ~~CC4/AIG20006825/Eka3~~ | LKK: | IDAC:

ASSIGNMENT CC4/AIG20006825/Epa3

Surveyor: STEVE DOI: 30.06.2020 Date / Time : 30.06.2020

Registered in Merimen: 30.06.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SCE 8991A | Claim No. : 8628062993SG

Name of Insured : LIM KIM HUA | Policy No. : 1900126650

Insured Tel No. : HP: | Make / Model : MERCEDES-BENZ B200

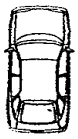
Excess Sec II :S$ D.O.A : 26.06.2020 18:45 | Place of Accident : MARINA BLVD & MARINA VIEW LINK

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

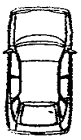
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

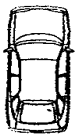
SHD 1095D → → →



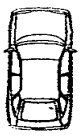
INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 1095D - CS/EGI17015773/K1gbn2 ; 16/07/2017	Non-Reporting ltr (1st):	
	NA/INC13008057/r3 ; 30/04/2013	Non-Reporting ltr (2nd):	
	SCE 8991A - X	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
09/03/2021	Pls refer to VIEWS for details.	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:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S$ 1,800.00 (4 days) Reduction: 62 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 09/03/2021	Confirm with Shafawati	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,926.00		
Loss of Rental (LOR):	S$ 224.70 (5 days) x$44.94		
Loss of Use (LOU):	S$ ($ x 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 Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 2,152.70	**Global Sum S$:** 2,150.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,150.00	Name 1: Premier Automotive Services Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	