15/5/2010

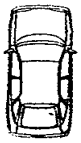
INS. CASE OWNER: Loh Chee Heng | ~~CC6/AIG20007017/Aka3~~ | LKK: | IDAC:

ASSIGNMENT CC6/AIG20007017/Apa3

Surveyor: ADRIAN DOI: 07/07/2020 Date / Time : 06.07.2020

Registered in Merimen: 06.07.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 2044S | Claim No. : 7932045926SG

Name of Insured : KOH GEOK LIEN JOYCE (GAO YULIAN) | Policy No. : 1800028854-02

Insured Tel No. : HP: | Make / Model : NISSAN NOTE 1.2

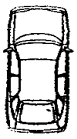
Excess Sec II :S$ D.O.A : 23.06.2020 07:55 | Place of Accident : FILTER LANE FROM STEVEN ROAD TO SCOTTS ROAD

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

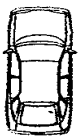
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

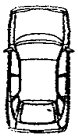
SMQ 2585Y → → →



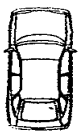
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 2585Y - X SLX 2044S - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 2,850.00 (3 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/03/2021 Confirm with Nicole Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 3,049.50

Loss of Rental (LOR): S$ 300.00 (3 days) x $100.00

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$ 29.00

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$ 3,378.50 **Global Sum S$:** 3,370.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,370.00	Name 1:	Cas Garage Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	