15/5/2010

INS. CASE OWNER: CC6/AIG20007087/Aea3

LKK:

IDAC:

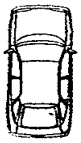
ASSIGNMENT

Surveyor: ADRIAN DOI: 02/07/2020 Date / Time : 02/07/2020

Registered in Merimen: 07/07/2020

Pre-assign / CCU / FTE

PBI



Insured Vehicle No. : SMP 1315Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

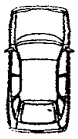
Excess Sec II :S$ D.O.A : 27/06/2020 Place of Accident :

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

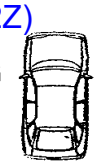
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

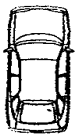
~~GBF9492Z(4948S)~~ → 4948S (GBF 9492Z)



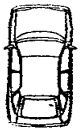
INSRS:
WSP: LEE SHENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBF 9492Z (4948S) - X SMP 1315Y - 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:
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: LWP
Repair Cost: L/S	S$ 13,000 (10 days)	Reduction: 61 %	Email Call
FINAL SETTLEMENT	Date/Time: 18.03.21	Confirm with MS LEE	Email Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 13,910.00	OID TURN RIGHT AT CONTROL JUNCTION	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 1,120.00 ($ 80 x 14 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ -		
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: $320
Total:	**S$** 15,030.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 18.03.21	Confirm with: MS LEE	Email Call
Payee 1:	S$ 15,030.00	Name 1:	LEE SHENG AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	