15/5/2010

INS. CASE OWNER:

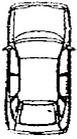~~CC4/AIG20007233/Kka3~~

ASSIGNMENT   CC4/AIG20007233/Kpa3

Surveyor: **KENNETH**   DOI: 17.07.2020   Date / Time : 13.07.2020
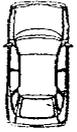
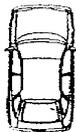Registered in Merimen: 13.07.2020

Pre-assign / CCU / FTE

Insured Vehicle No. :	**EQ 699K**	Claim No. : **1026031953SG**
Name of Insured :	**PAM SEW CHAW**	Policy No. : **1800012071**
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 09/07/2020 11:35	Place of Accident : **INSIDE SG TUFF CLUB**

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

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

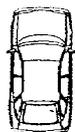Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**
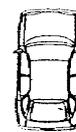
SJJ 3065Y ———▶ _____ ———▶ _____ ———▶ _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **CHENG HOE**	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJJ 3065Y - CC6/AIG16006913/M1wb3s2 ; 13.04.2016	Non-Reporting ltr (1st):	
	EQ 699K - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
05/01/2021	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$ 4,150.00 (6 days) Reduction: 25 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/01/2021 Confirm with **June**   Email ☑ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 7	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ 4,440.50		
Loss of Rental (LOR) **w/GST**	S$ 545.70 (6 days) **x $85.00**		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 8.00		
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: **$320.00**
Total:	S$ 4,994.20	**Global Sum S$:** 4,990.00	

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

Payee 1:	S$ 4,990.00	Name 1: **Cheng Hoe Motor Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: