

INS. CASE OWNER:

CC 6 /QBE 2000 7920 / Aes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

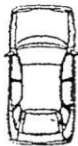
Adrian

DOI: 03/08/2020

Date / Time : 03/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SCF 157P

Claim No. : —

Name of Insured : CHIONH KEAT YEE

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 31/07/2020

Place of Accident : —

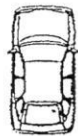
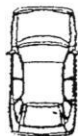
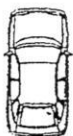
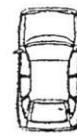
Is driver the owner? (YES / ☒ NO) Nature of Accident : —

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : — (V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SLF 8654L

INSRS:
WSP:
Tel : NEW HOCK TECK
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLF 8654L : X SCF 157P : NA/INC18003179/z4 ; DOA : 15/02/2018	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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: Sent By:	Confirm with:	Confirm by: LWP
Repair Cost:	L/S S\$ 8,800.00 (9 days) Reduction: 54 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 09.09.20 Confirm with SUKYI	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 9,416.00 3VEH CC OID 2ND		
Loss of Rental (LOR):	S\$ 1,100.00 (11 days) X \$100		
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/Printed Sum	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 10,518.00 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 09.09.20 Confirm with: SUKYI	Email ☐ Call ☐	
Payee 1:	S\$ 10,518.00 Name 1: NEW HOCK TECK MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		