

INS. CASE OWNER:

~~CC 4 / AIG 2000 8098 / Kks3~~

LKK:

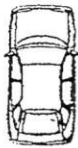
IDAC:

ASSIGNMENT

CC4/AIG20008098/Kps3

Surveyor: KennethDOI: 16/09/2020Date / Time: 05/08/2020Registered in Merimen: 05/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGB 46A
 Name of Insured : Good Wood Management Pte. Ltd.
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$S _____ D.O.A : 17/07/2020
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age :

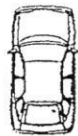
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

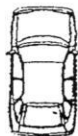
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

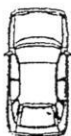
SJG 8660L



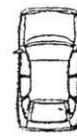
INSRS:
WSP: LIM TAN
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJG 8660L : NA/FCI18003654/z4 ; DOA : 24/02/2018	Non-Reporting ltr (1st):	
	SGB 46A : CC3/AIG18004334/T1hb3q2 ; DOA : 03/03/2018	Non-Reporting ltr (2nd):	
06/08/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
27/04/2021	Pls refer to VIEWS for details.	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: p/p	\$S 534.88 (1 days) Reduction: 34 %	Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: 27/04/2021 Confirm with Mandy Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	\$S 572.32		
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 60.00 (\$ 60 x 1 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S 7.45		
Medical:	\$S	1) Claim status: Normal Reject/Private Settlement	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S	3) Survey fee: \$320.00	
Total:	\$S 639.77 Global Sum \$S:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	\$S 639.77 Name 1: LIM TAN MOTOR PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		