

INS. CASE OWNER:

CC 6 /AIG 2000 8198 / Kes3

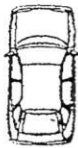
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 02/09/2020Date / Time : 07/08/2020Registered in Merimen: 07/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMG 4179B

Claim No. : _____

Name of Insured : CHUANG LI MING ARTHUR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 05/08/2020

Place of Accident : _____

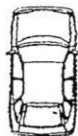
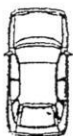
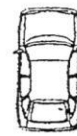
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

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

SLC 5074X

INSRS:
WSP: GOLDBELL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SLC 5074X : CC6/CTI16016243/Awg3s2 ; DOA : 20/08/2016	Non-Reporting ltr (1st):	
SMG 4179B : X	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: <u>KSC</u>		
Repair Cost: <u>L/S</u> \$S <u>2,900.00</u> (<u>4</u> days) Reduction: <u>63</u> % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: <u>04.12.20</u> Confirm with <u>YIN SIEW</u> Email ☐ Call ☐		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u> \$S <u>3,103.00</u> <u>OID REAR ENDED TP</u>		
Loss of Rental (LOR): \$S <u>400.00</u> (<u>4</u> 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 <u>2.00</u>		
Medical: \$S -	1) Claim status: Normal/ <u>Reject/Printed Settlement</u>	
Disbursement: \$S - (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost \$S -	3) Survey fee: <u>\$320</u>	
Total: \$S <u>3,505.00</u> Global Sum \$S:		
FINAL PAYMENT Date/Time: <u>04.12.20</u> Confirm with: <u>YIN SIEW</u> Email ☐ Call ☐		
Payee 1: \$S <u>3,505.00</u> Name 1: <u>GOLDBELL ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		