15/5/2010

INS. CASE OWNER:

~~CC4/III20008279/pa3~~

LKK:

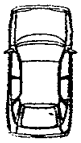
IDAC:

ASSIGNMENT CC4/III20008279/Kpa3

Surveyor: Kenneth DOI: 18/08/2020 Date / Time : 07/08/2020

Registered in Merimen: 11/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3473H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

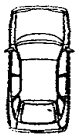
Excess Sec II :S$ D.O.A : 06/08/2020 14:15 Place of Accident :

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

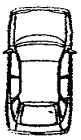
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

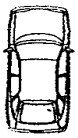
SKR 8659Y → → →



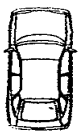
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKR 8659Y - X	**STAGE** **DATE / PIC**
	SHD 3473H - CC4/III17015229/Akb3s2 ; 03/08/2017	Non-Reporting ltr (1st):
	CS/TMI13016907/Ygbk3 ; 10/09/2013	Non-Reporting ltr (2nd):
	CS3/III15017316/Ybd1 ; 09/10/2015	Non-Reporting ltr (Final):
	NS/INC17015194/K1gbn2 ; 03/08/2017	Notification ltr (if non-pickup):
	NS/INC17023977/K1qbn2 ; 16/12/2017	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
31/03/2021	Pls refer to VIEWS for details.	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$ 2,350.00 (5 days) Reduction: 25 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31/03/2021	Confirm with June	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,514.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 400.00 ($ 80 x 5 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: $350.00
Total:	**S$** 2,914.50	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑	Call ☐
Payee 1:	S$ 2,914.50	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:		