15/5/2010

INS. CASE OWNER: OH Vale 6568804897

CC4/ASM20008754/Upa3

LKK:

IDAC: 177798

ASSIGNMENT

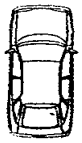
Surveyor: MARCUS

DOI: 20/08/2020

Date / Time : 20/08/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SDM 9119S

Claim No. : S0M02SFT

Name of Insured : GOH CHING YEANG

Policy No. : P1714801

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 18/08/2020 12:00

Place of Accident : BLK 299 BEDOK SOUTH AVE 3 CARPAR

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

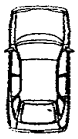
If **NO**, Driver Name / Age :

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

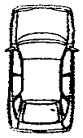
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

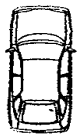
SLR 7329U → → →



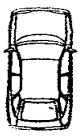
INSRS:
WSP: NPH AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLR 7329U - X	Non-Reporting ltr (1st):	
	SDM 9119S - NA/CAI14004408/e1 ; 04/03/2014	Non-Reporting ltr (2nd):	
	NA/INC14004317/r3 ; 04/03/2014	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Date/ Time		Documentation Check List:	Handler	Typist
29/01/2021	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:		
		Post-Repair Photos:		
		Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 2,900.00 (3 days) Reduction: 42 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 29/01/2021 Confirm with Peggy Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL:	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,103.00	
Loss of Rental (LOR): w/GST	S$ 428.00 (4 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/Private Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,533.00 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email [✓] Call [ ]

Payee 1:	S$ 3,533.00	Name 1:	NPH Auto Service
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	