15/5/2010

INS. CASE OWNER: CC4/AIG20011101/Kgs3

LKK:

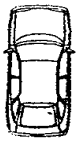
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/10/2020 Date / Time : 14/10/2020

Registered in Merimen: 14/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 297X Claim No. :

Name of Insured : ALEX LIM SEK JWEE Policy No. :

Insured Tel No. : HP: Make / Model :

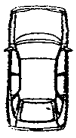
Excess Sec II :S$ D.O.A : 10/10/2020 Place of Accident : CARPENTER STREET TO SOUTH BRIDGE RO

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

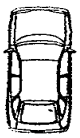
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

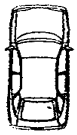
GBA 4670K → → →



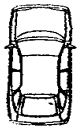
INSRS:
WSP: YEE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBA 4670K : NA/INC10015460/w1 ; DOA : 04/08/2010	**STAGE**	**DATE / PIC**
	SJD 297X : CC3/AIG14023188/T1wa3q2 ; DOA : 11/12/2014	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
CLAIMANT-	Q MAX ENTERPRISE PTE LTD	**Documentation Check List:**	**Handler** **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
	TPV: T.DYNA - 2982cc	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/S	S$ 2450.00 (5 days) Reduction: 5,801.00 % 70		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/05/2022	Confirm with MS PHANG	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,621.50	W/GST	
Loss of Rental (LOR):	S$ 240.00 (4 days)	x $60.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**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: $320.00
Total:	**S$** 2,861.50	**Global Sum S$:** 2,850.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 2,850.00	Name 1:	YEE AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		