15/5/2010

INS. CASE OWNER:

CC4/ASM20011223/Aes3
~~CC4/ASM20011223/Aps3~~

LKK:

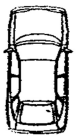
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 16/10/2020 Date / Time : 16/10/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SME 6595E Claim No. :

Name of Insured : LIM KEH BOON Policy No. :

Insured Tel No. : HP: Make / Model :

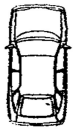
Excess Sec II :S$ D.O.A : 12/10/2020 Place of Accident :

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

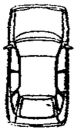
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

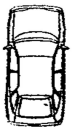
SML 3586P → → →



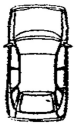
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SML 3586P : X ; SME 6595E : X
	- Please check / verify OID DL

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: LWP

Repair Cost: P/P S$ 4,606.88 (4 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08.09.21 Confirm with GERINE Email ☐ Cal ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 4,929.36 OI EXIT FROM PARKING LOT HIT TP

Loss of Rental (LOR): S$ 600.00 (6 days) X $100

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$ 7.45

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal/~~Reject/Private Settle~~

2) Report Format: TP

3) Survey fee: $350

Total: **S$** 5,536.81 **Global Sum S$:** 5,530.00

FINAL PAYMENT Date/Time: 08.09.21 Confirm with: GERINE Email ☐ Cal ☐

Payee 1:	S$ 5,530.00	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	