15/5/2010

INS. CASE OWNER:

CC4/AIG20011260/pa3

LKK:

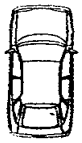
IDAC:

ASSIGNMENT

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

Registered in Merimen: 18/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 4810B

Name of Insured : MS THENG LEE PING

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 08/10/2020 17:20

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : MAZDA 3-1.5 DELUXE SKYACTIV (A)

Place of Accident : CLEMENTI AVE 6

Nature of Accident : _____

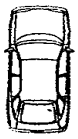
If **NO**, Driver Name / Age :

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

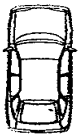
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

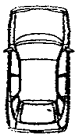
XE 5519C → _____ → _____ → _____



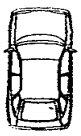
INSRS:
WSP: Soon Seng Company (SG) Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				
	XE 5519C - X	SKW 4810B - X	**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:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 2,850.00 (3 days)	Reduction: 74 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 8/2/2021	Confirm with JAMES	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,850.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 510.00 ($170 x 3 days)		
Loss of Income (LOI):	S$ ($ 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: 320.00
Total:	**S$** 3,360.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,360.00	Name 1:	SOON SENG COMPANY (SG) PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	