15/5/2010

INS. CASE OWNER: CC4/AIG20011481/Ebs3

LKK:

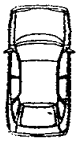
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 26/10/2020 Date / Time : 23/10/2020

Registered in Merimen: 23/10/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGV 1405K Claim No. :

Name of Insured : ONG WEE TERK Policy No. :

Insured Tel No. : HP: Make / Model :

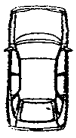
Excess Sec II :S$ D.O.A : 22/10/2020 Place of Accident :

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

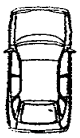
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

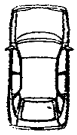
SGT 2357U → → →



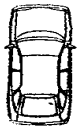
INSRS:
WSP: NINETEEN AUTOWERKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGT 2357U : NA/INC19021526/z4 ; DOA : 04/12/2019	Non-Reporting ltr (1st):	
	SGV 1405K : X	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:		

18/05/2021 SETTLED AND CLOSED / NO PHY FILE

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 3,250.00 (5 days) Reduction: 71.80 % Email Call

FINAL SETTLEMENT Date/Time: 17/05/2021 Confirm with VESSIE Email ✓ Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	0
Repair Cost:	S$ 3,250.00		
Loss of Rental (LOR):	S$ 840.00 (7 days) X $120.00		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ✓ LOU only	LOR + LOU LOR + LO [**Tick only one**]		
GIA/LTA Search	S$ 36.45		
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:	$320.00
Total:	**S$** 4,126.45 **Global Sum S$:** 3,900.00		

FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1:	S$ 3,900.00	Name 1:	Nineteen Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	