15/5/2010

INS. CASE OWNER:

CC4/AIG20011994/Kba3

LKK:

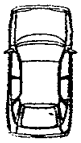
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.11.2020

Registered in Merimen: 03.11.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 9749D

Name of Insured : SIN TAT TOYS IMPORT & EXPORT TRADING

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 28/10/2020 17:30

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

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

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

Claim No. : _____

Policy No. : 1700086921-02

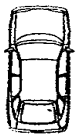
Make / Model : NISSAN CABSTAR-2.7 D (M)

Place of Accident : TOA PAYOH CENTRAL BESIDE BLK 183 CAR PARK

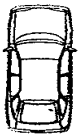
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

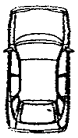
SLP 891T → _____ → _____ → _____



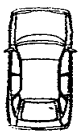
INSRS:
WSP: AH LIM
Tel : MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLP 891T - X GBG 9749D - X
10/03/2021	SETTLED AND CLOSED / NO PHY FILE

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:

Repair Cost: P/P S$ 5,226.83 (3 days) Reduction: 14.41 % Email ✓ Call

FINAL SETTLEMENT	Date/Time: 09/03/2021	Confirm with KEE MUI HONG	Email ✓ Call
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5,592.71		
Loss of Rental (LOR):	S$ 300.00 (3 days)	X $100.00	OID reversed
Loss of Use (LOU):	S$ ($ 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: $320.00
Total:	**S$** 5,894.71	**Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 5,894.71	Name 1:	AH LIM MOTOR COMPANY
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	