15/5/2010

INS. CASE OWNER:

CC4/AIG20012140/Kga3

LKK:

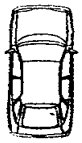
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/11/2020 Date / Time : 03/11/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 7752Z

Name of Insured : ANG SIU WAH

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 02/11/2020 14:45

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. : 2070138681

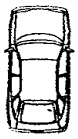
Make / Model : HONDA VEZEL

Place of Accident : Sembawang Road (Near Mata Ayer Rd)

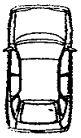
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

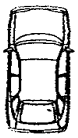
SJZ 1372P → → →



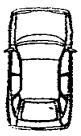
INSRS:
WSP: HUI YANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJZ 1372P - X	**STAGE** **DATE / PIC**
	SLE 7752Z - CS/AIG20012114/Kqf3; 02.11.2020	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/S	S$ 8300.00 (6 days) Reduction: 6396.50	% 44	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/12/2020	Confirm with BEL	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 8881.00	W/GST	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 560.00 ($80 x 7 days)		
Loss of Income (LOI):	S$ ($ 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: $320.00
Total:	**S$** 9443.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 9443.00	Name 1:	HUI YANG MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	