15/5/2010

INS. CASE OWNER: CC4/AIG20012343/Kea3

LKK:

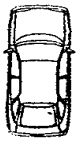
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 16/08/2021 Date / Time : 11/11/2020

Registered in Merimen: 11/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 5722C Claim No. : 1250288169SG

Name of Insured : LEE LI LI (LI LILI) Policy No. : 2070119351

Insured Tel No. : HP: Make / Model :

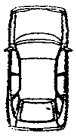
Excess Sec II :S$ D.O.A : 04/11/2020 Place of Accident :

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

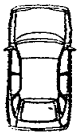
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

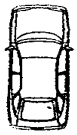
SJU 3210L → → →



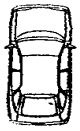
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJU 3210L : X ; SMU 5722C : X
12/11/2020	- OINR *** SENT OUT FIRST NON-REPORTING LETTER

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: KSC

Repair Cost: P/P S$ 540.00 (2 days) Reduction: 32 % Email Call

FINAL SETTLEMENT Date/Time: 18.03.22 Confirm with JUNE Email Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 577.80	OID REAR ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only LOU only ✓ LOR + LOU LOR + LO [**Tick only one**]		
GIA/LTA Search	S$ 8.00	
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: $320
Total:	**S$** 705.80 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 18.03.22 Confirm with: JUNE Email Cal

Payee 1:	S$ 705.80	Name 1:	CHENG HOE MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	