15/5/2010

INS. CASE OWNER: CC6/CTI20012854/Ues3

LKK:

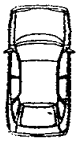
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 23/11/2020 Date / Time : 23/11/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 3336S Claim No. :

Name of Insured : LAM CHEE HOLDINGS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

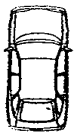
Excess Sec II :S$ D.O.A : 20/11/2020 Place of Accident :

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

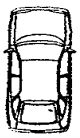
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

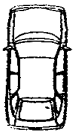
PC 5593S → → →



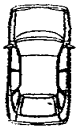
INSRS:
WSP: LEONG AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	PC 5593S : CS/TP17011140/Agbn2 ; DOA : 06/05/2017	**STAGE** **DATE / PIC**
	GZ 3336S : CC4/ASM19015009/Apa3q2 ; DOA : 23/08/2019	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: CKS
Repair Cost: L/S	S$ 2,800.00 (2 days)	Reduction: 65 %	Email Call
FINAL SETTLEMENT	Date/Time: 15.12.20	Confirm with LEANG	Email Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,800.00	OID CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 200.00 ($ 100 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$ -		
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: $400
Total:	**S$** 3,000.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 15.12.20	Confirm with: LEANG		Email Cal	
Payee 1:	S$ 3,000.00	Name 1:	LEANG AUTOMOBILE		
Payee 2: (Strike if N.A.)	S$	Name 2:			
Payee 3: (Strike if N.A.)	S$	Name 3:			