15/5/2010

INS. CASE OWNER:

CC4/AIG20012975/ga3

LKK:

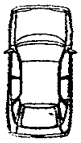
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02/02/2021 Date / Time : 24/11/2020

Registered in Merimen: 24/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 6876H Claim No. :

Name of Insured : KHADIJA KALIMUDDIN MRS KHADIJA MACKENZIE Policy No. : 2100439444

Insured Tel No. : HP: Make / Model : SUBARU FORESTER-2.0 I-L CVT AWD S

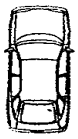
Excess Sec II :S$ D.O.A : 18/11/2020 15:20 Place of Accident : SINARAN DRIVE TOWARDS MOULMEIN ROAD

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

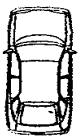
If **NO**, Driver Name / Age : SHAILESH PATEL OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

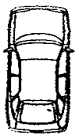
SJB 2582U → → →



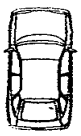
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJB 2582U - X	Non-Reporting ltr (1st):	
	SGP 6876H - CC4/ASM19015006/Kpa3q2 ; 21/08/2019	Non-Reporting ltr (2nd):	
	CC6/AIG13014984/Apa3q2 ; 05/08/2013	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$ $1,526.70 (3 days) Reduction: $220.00 % 13 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/11/2021 Confirm with JUNE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,633.57 W/GST	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 150.00 ($ 50 x 3 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: $320.00
Total:	**S$** 1,783.57 **Global Sum S$:** 1,750.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1,750.00	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:	