15/5/2010

INS. CASE OWNER: CC4/AIG20013300/Eba3

LKK:

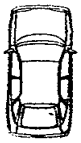
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 03.12.2020

Registered in Merimen: 03.12.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMK 3117R

Name of Insured : POH SIEW HWEE (FU XIUHUI)

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 02/12/2020 08:20

Is driver the owner? (YES / NO)

Claim No. : _____

Policy No. : 1900084136

Make / Model : Mitsubishi Outlander

Place of Accident : Tampines Ave 9

Nature of Accident : _____

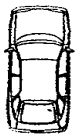
If **NO**, Driver Name / Age :

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

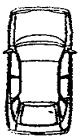
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

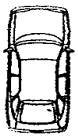
SMQ 3531X → _____ → _____ → _____



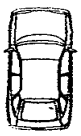
INSRS:
WSP: C & C KIA
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMQ 3531X - X SMK 3117R - X	**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 ☐ ☐
15/03/2021	SETTLED AND CLOSED / NO PHY FILE	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: P/P	S$ 3,819.20 (4 days) Reduction: 17.60 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/03/2021	Confirm with Larry	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4,086.54		
Loss of Rental (LOR)(W/GST)	S$ 535.00 (5 days)	X $100.00	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $320.00
Total:	**S$** 4,621.54	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,621.54	Name 1: CYCLE & CARRIAGE KIA PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	