15/5/2010

INS. CASE OWNER: CC6/AIG20013594/Ags3

LKK:

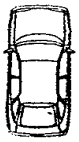
IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 10/12/2020 Date / Time : 09/12/2020

Registered in Merimen: 19/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMV 24L Claim No. :

Name of Insured : WONG ZHAN HONG Policy No. :

Insured Tel No. : HP: Make / Model :

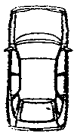
Excess Sec II :S$ D.O.A : 02/12/2020 Place of Accident :

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

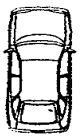
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

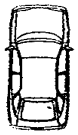
SMP 7353Y → → →



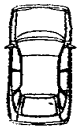
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SMP 7353Y : NA/INC20013311/z4 ; DOA : 02/12/2020	**STAGE**	**DATE / PIC**
	SMV 24L : X	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$ $28,500.00 (21 days)	Reduction: $33,608.79 % 54	Email Call
FINAL SETTLEMENT	Date/Time: 30/04/2021	Confirm with GERINE	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ 30,495.00	W/GST	
Loss of Rental (LOR):	S$ (days)		C.C (OI LAST)
Loss of Use (LOU):	S$ 1,680.00 ($ 28 x 60 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only LOU only ✓	LOR + LOU LOR + LO	[**Tick only one**]	
GIA/LTA Search	S$ 7.45		
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: $320.00
Total:	**S$** 32,182.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ✓ Cal
Payee 1:	S$ 32,182.45	Name 1:	CAS GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		