15/5/2010

INS. CASE OWNER:

CC4/AIG20013713/R1pa3

LKK:

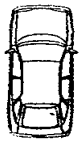
IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 11/12/2020 Date / Time : 10/12/2020

Registered in Merimen: 11/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 5772M

Name of Insured : AIK CHIN HIN MACHINERY CO.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 08/12/2020 07:22

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

If **NO**, Driver Name / Age : CHEONG WAI MUN

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

Claim No. : 9511721645SG

Policy No. : 999993844

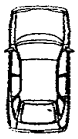
Make / Model : TOYOTA HARRIER

Place of Accident : HOUGANG AVE 9

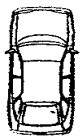
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

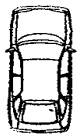
GBE 6905A → → →



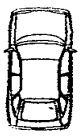
INSRS:
WSP: TJ CAR CARE SERVICES
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 6905A - CS3/LPC18021885/R1sbe2 ; 03/12/2018	**STAGE** **DATE / PIC**
	CS3/LPC18021885/R1sd3e2-1 ; 03/12/2018	Non-Reporting ltr (1st):
	NBA/LIP18021730/Y ; 03/12/2018	Non-Reporting ltr (2nd):
	NBA/LPC18021680/Y ; 03/12/2018	Non-Reporting ltr (Final):
	SLH 5772M - X	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
22/01/2021	Pls refer to VIEWS for details.	**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: L/sum	S$ 3,750.00 (4 days)	Reduction: 47 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/01/2021	Confirm with Mr Lim	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,750.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 320.00 ($ 80 x 4 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:
Legal Cost	S$		3) Survey fee:
Total:	**S$** 4,070.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,070.00	Name 1:	TJ Car Care Services
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	