15/5/2010

INS. CASE OWNER: CC4/AIG21002661/Kbs3

LKK:

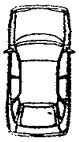
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 08/04/2021 Date / Time : 26/02/2021

Registered in Merimen: 26/02/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 6631E Claim No. :

Name of Insured : Heng Hup Aluminium & Renovation Construction Policy No. :

Insured Tel No. : HP: Make / Model :

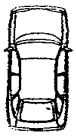
Excess Sec II :S$ D.O.A : 25/02/2021 Place of Accident :

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

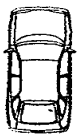
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

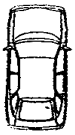
SLH 6267Z → → →



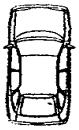
INSRS:
WSP: S & H
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLH 6267Z : X
	GBB 6631E : CC3/AIG10026012/Ka2f2q2 ; DOA : 25/12/2010
01/03/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER
18/08/2021	SETTLED AND CLOSED / NO PHY FILE

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		
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$ 732.74 (1 days) Reduction: 17.52 % Email Call

FINAL SETTLEMENT Date/Time: 18/08/2021 Confirm with MS WONG Email ✓ Cal

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 784.03	
Loss of Rental (LOR):	S$ (days)	OID drive straight at the left turn only lane
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: $320.00
Total:	**S$** 984.03 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email Cal

Payee 1:	S$ 984.03	Name 1:	S & H Motor Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	