15/5/2010

INS. CASE OWNER:

CC6/CTI21005310/Aea3

LKK:

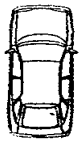
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 26/04/2021 Date / Time : 26/04/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 3681H Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

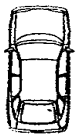
Excess Sec II :S$ D.O.A : 23/04/2021 20:30 Place of Accident :

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

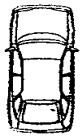
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

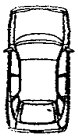
GBK 3681H → SMG 4625E → SLW 4322G → SLQ 944U



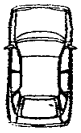
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS: LEE
WSP: SHENG
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMG 4625E - X GBK 3681H - 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 ☐ ☐
		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: LWP
Repair Cost: L/S	S$ 11,000.00 (24 days)	Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.07.21	Confirm with MS LEE	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost: w/GST	S$ 11,770.00	4VEH CC OID LAST	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 1,800.00 ($ 60 x 30 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: $400
Total:	**S$** 13,570.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 26.07.21	Confirm with: MS LEE	Email ☐ Call ☐

Payee 1:	S$ 13,570.00	Name 1:	LEE SHENG AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	