15/5/2010

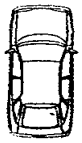
INS. CASE OWNER: LOH CHEE HENG | CS3/AIG21005640/Gra3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 17/05/2021 Date / Time : 10.05.2021

Registered in Merimen: 10.05.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GW 2390G | Claim No. : 3150402915SG

Name of Insured : KST AUTO RENTAL PTE LTD | Policy No. :

Insured Tel No. : | HP: | Make / Model :

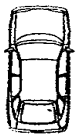
Excess Sec II :S$ | D.O.A : 30/04/2021 14:30 | Place of Accident : 407 Yishun Ave 6, Singapore

Is driver the owner? (YES / NO) | Nature of Accident : CARPARK LOT 413

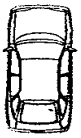
If **NO**, Driver Name / Age : TAN LING HEONG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

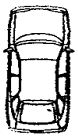
EY 318T → → →



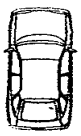
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	EY 318T GW 2390G NA/AIG21005460/V ; 30.04.2021 CC4/AIG11020745/Ga2a3q2 ; 04/10/2011 NA/AIG20006078/r3 ; 08/05/2020 NA/INC11020212/j1 ; 04/10/2011 NBA/AIG19009239/Y ; 17/05/2019	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:	S$ (2 days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
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~~ DAR
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: 180.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$	Name 1:		
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		