15/5/2010

INS. CASE OWNER:

CC4/AIG21006654/Kpa3

LKK:

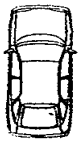
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/06/2021 Date / Time : 14/06/2021

Registered in Merimen: 14/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJQ 3778L Claim No. :

Name of Insured : Chee Kian Kok Policy No. : 7210033916

Insured Tel No. : HP: Make / Model : Honda Crossroad

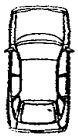
Excess Sec II :S$ D.O.A : 10/06/2021 12:20 Place of Accident : CTE towards Yishun

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

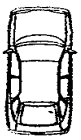
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

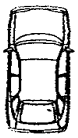
SCV 5225J →



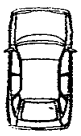
INSRS:
WSP: LIM YEW BOO SPRAY PAINT CO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCV 5225J - CC4/AIG18001896/Kja3q2 ; 25/01/2018 CS/TP16013382/Kgbd1 ; 15/03/2016	**STAGE** **DATE / PIC**
	SJQ 3778L - X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
28/09/2021	Pls refer to VIEWS for details.	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/sum	S$ 23,500.00 (13 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/09/2021 Confirm with Serene		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 23,500.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 1,600.00 ($ 100 x 16 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**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: $320.00
Total:	**S$** 25,107.45	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 25,107.45	Name 1:	LIM YEW BOO SPRAY PAINT CO	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		