15/5/2010

INS. CASE OWNER:

CC4/AIG21006719/Bga3

LKK:

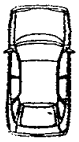
IDAC:

ASSIGNMENT

Surveyor: LTG DOI: 16/06/2021 Date / Time : 15/06/2021

Registered in Merimen: 15/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKA 2629M Claim No. : 5676576722SG

Name of Insured : HO TECK SOON Policy No. : 7210044135

Insured Tel No. : HP: Make / Model :

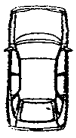
Excess Sec II :S$ D.O.A : 10/06/2021 Place of Accident : YIO CHU KANG LINK

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

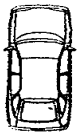
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

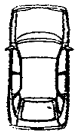
SKU 8783E → → →



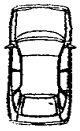
INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKU 8783E : CS/INC16011903/Agh3n2 ; DOA : 23/06/2016	**STAGE** **DATE / PIC**
	SKA 2629M : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	CLAIMANT: ONG SZE MIEN (WANG SHIMIN)	Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
	TPV: RENAULT FLUENCE (1461cc)	**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/S	S$ $7,300.00 (8 days)	Reduction: $6,786.00 % 48	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25/05/2022	Confirm with KELLY	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 7,811.00	W/GST	
Loss of Rental (LOR):	S$ 1,177.00 (11 days)	x $107.00 W/GST	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $320.00
Total:	**S$** 8,990.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Cal ☐
Payee 1:	S$ 8,990.00	Name 1:	CHEW GOON MOTOR	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		