15/5/2010

INS. CASE OWNER: ~~CC4/LPC21006721/ba3~~

LKK:

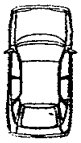
IDAC:

ASSIGNMENT CC4/LPC21006721/Upa3q2

Surveyor: Marcus DOI: 28/07/2021 Date / Time : 15/06/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 7247D

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 02/06/2021

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

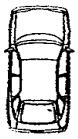
Make / Model :

Place of Accident :

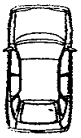
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

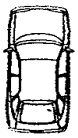
SJR 5898E → → →



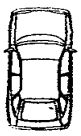
INSRS:
WSP: KAH MOTOR
Tel :
Liability : UBI
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJR 5898E - X GBF 7247D - X
01/11/2021	Pls refer to VIEWS for details.

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$ $1,675.35 (2 days) Reduction: 54 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 01/11/2021 Confirm with Lim Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 1,792.62	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 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~~ $400
Total:	**S$** 1,920.07 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 1,920.07	Name 1:	KAH MOTOR CO SDN BHD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	