15/5/2010

INS. CASE OWNER: CC4/ASM21006732/Ugs3

LKK:

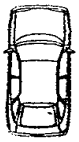
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 16/06/2021 Date / Time : 16/06/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 1651Z Claim No. :

Name of Insured : LIEW KAH HENG Policy No. :

Insured Tel No. : HP: Make / Model :

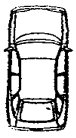
Excess Sec II :S$ D.O.A :15/06/2021 Place of Accident :

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

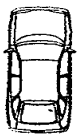
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

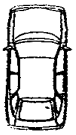
GBK 3403U → → →



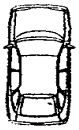
INSRS:
WSP: NINETEEN
Tel : AUTOWERKS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBK 3403U : X ; SLN 1651Z : X
16/06/2021	- OINR *** SENT OUT FIRST NON-REPORTING LETTER BY EMAIL

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: L/S	S$ $6,000.00 (6 days)	Reduction: $10,127.10 % 63	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/10/2021	Confirm with MICHELLE	Email ☑ Cal ☐
Final Liability:	% 80 (Agreed / Assessed)	BOLA S/N No. : 12a	If NO or B 28, Ass. Lia :
Repair Cost: 6,000.00	S$ 4,800.00		
Loss of Rental (LOR): 513.60	S$ 410.88 (8 days)	x $64.20 W/GST	BASED ON MAG - AXA INSTRUCTION
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $350.00
Total:	**S$** 5,210.88	**Global Sum S$:** 5,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐

Payee 1:	S$ 5,200.00	Name 1:	Nineteen Autowerks Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	