15/5/2010

INS. CASE OWNER: CC4/AIG21007311/Kra3

LKK:

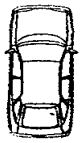
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/07/2021 Date / Time : 02/07/2021

Registered in Merimen: 05/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLM 6166E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

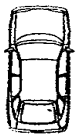
Excess Sec II :S$ D.O.A : 30.06.2021 16:13 Place of Accident : UPPER THOMSON ROAD

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

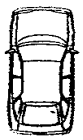
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

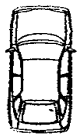
SLQ 9322E - > SLS 5291B → SLM 6166E → GBC 7991D → QX 260M



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: Wei Lee
Tel : Motor Works
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBC 7991D - X	**STAGE** **DATE / PIC**
	SLM 6166E - CC3/AIG19001522/Kga3 ; 18.01.2019	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: L/SUM	S$ 2,950.00 (5 days) Reduction: 39 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/12/2021	Confirm with KAREN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$ 3,156.50		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 300.00 ($ 60 x 5 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$** 3,463.95	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,463.95	Name 1:	Wei Lee Motor Works
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	