15/5/2010

INS. CASE OWNER: CC4/AIG21007666/Ggs3

LKK:

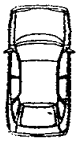
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 15/07/2021 Date / Time : 15/07/2021

Registered in Merimen: 15/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 4267K Claim No. :

Name of Insured : KIM HOCK EGGS MERCHANT SUPPLIER PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

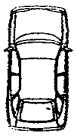
Excess Sec II :S$ D.O.A : 14/07/2021 Place of Accident :

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

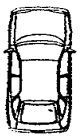
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

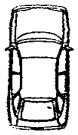
SMW 7204H → → →



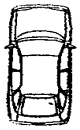
INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMW 7204H : X	**STAGE** **DATE / PIC**
	GBG 4267K : NA/AIG20007359/z4 ; DOA : 15/07/2020	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~~: TOTAL LOSS	S$ 2,500.00 (days)	Reduction: $24,732.56 % 91	Email Call

FINAL SETTLEMENT	Date/Time: 11/10/2021	Confirm with GERINE	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 10	If NO or B 28, Ass. Lia :
~~Repair Cost~~: TOTAL LOSS	S$ 2,500.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 840.00 ($ 60 x 14 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only LOU only ✓ LOR + LOU LOR + LO	[**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: $320.00
Total:	**S$** 3,347.45	**Global Sum S$:** 3,300.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ✓ Cal
Payee 1:	S$ 3,300.00	Name 1:	CAS GARAGE PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		