15/5/2010

INS. CASE OWNER: CC4/AIG21007896/Egs3

LKK:

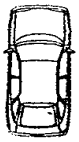
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 23/07/2021 Date / Time : 25/07/2021

Registered in Merimen: 25/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GT 3333G Claim No. :

Name of Insured : HONG YONG INTERIOR DESIGN SVCS CO Policy No. :

Insured Tel No. : HP: Make / Model :

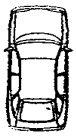
Excess Sec II :S$ D.O.A : 02/07/2021 Place of Accident : FLANDERS SQUARE

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

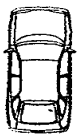
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

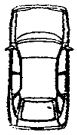
GBK 1883E → → →



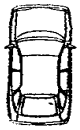
INSRS:
WSP:
Tel : EFFICIENT MOTOR
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBK 1883E : X	**STAGE**	**DATE / PIC**
	GT 3333G : CS3/AIG20001911/Gqd3e2 ; DOA : 21/01/2020	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	TPV: TOYOTA HIACE - 2755cc	**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: P/P	S$ $5,144.27 (5 days) Reduction: $5,887.73 % 53		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/01/2022 Confirm with JESSIE		Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,504.37 W/GST		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 450.00 ($ 90 x 5 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: $320.00
Total:	**S$** 5,954.37 **Global Sum S$:**		

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐
Payee 1:	S$ 5,954.37	Name 1:	EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	