15/5/2010

INS. CASE OWNER: CC4/AIG21008017/T1pa3

LKK:

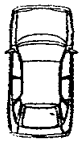
IDAC:

ASSIGNMENT

Surveyor: Taufikh DOI: 30/07/2021 Date / Time : 28/07/2021

Registered in Merimen: 28/07/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 8546S Claim No. :

Name of Insured : CHIOK GUAN HEE Policy No. :

Insured Tel No. : HP: Make / Model : Kia Cerato

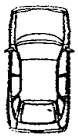
Excess Sec II :S$ D.O.A : 24/07/2021 15:07 Place of Accident : ANCHORVALE ST TO SENGKANG E WAY (SLIP RD)

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

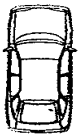
If **NO**, Driver Name / Age : CHIOK YONG JIE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

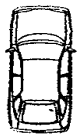
SBS 15J → → →



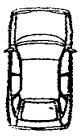
INSRS:
WSP: LexBuild International Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SBS 15J - X SMM 8546S - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
01/09/2021	Pls refer to VIEWS for details.	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: P/P	S$ 2,074.24 (3 days) Reduction: 73 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 01/09/2021	Confirm with Yong Shun	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,219.44		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 900.00 ($ 300 x 3 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$ 2.00		
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: $320.00
Total:	**S$** 3,121.44	**Global Sum S$:** 3,120.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,120.00	Name 1:	Lexbuild International Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	