15/5/2010

INS. CASE OWNER:

CC4/AIG21008246/Kra3

LKK:

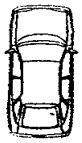
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: Date / Time : 04.08.2021

Registered in Merimen: 04.08.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 8000B Claim No. :

Name of Insured : YEOH YOKE LAN Policy No. : 1800042055

Insured Tel No. : HP: Make / Model : Subaru Forester

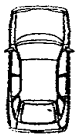
Excess Sec II :S$ D.O.A : 31/07/2021 11:30 Place of Accident : River Valley Rd, Singapore

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

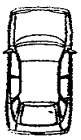
If **NO**, Driver Name / Age : TAN SZE INN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

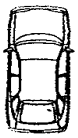
SCN 928P → → →



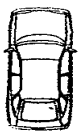
INSRS:
WSP: K KIM HIN AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SCN 928P - X	**STAGE** **DATE / PIC**
	SKC 8000B - NBA/INC14011641/Es4 ; 19.06.2014	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	We have detected that there is already an active claim within 1 day of the Date of Loss.	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	~~SCN928P Date of Loss: 31/07/2021 (OD)~~	Call OI:
	Insurer: Tokio Marine Insurance Singapore Ltd	After call ltr to OI:
	Repairer: K Kim Hin Auto Pte Ltd (HQ)	**Documentation Check List: Handler Typist**
	Please CONFIRM that this is NOT the same case you are creating.	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:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**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:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	