CC4/ASM18013841/Gea3q2-1

15/5/2010

INS. CASE OWNER: Stacey | CC ~~Y/AX~~A1801 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 16/08/18 Date / Time : 20/7/18.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SUB 6865D Claim No. : SSMOUR260/60299

Name of Insured : SEE SIEW TIONG. Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 16/7/18. 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**

SUH 4745B →

INSRS: WSP: EFS Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
1/8/18 VIC	SUH 4745B-Y SUB 6865D-Y ✓ smart claim. - OIWR SENT OUT 1ST 16/7/18. 06/08/18 - NO OI GIA REPORT IN YET. 08/11/18 - NO OI GIA REPORT IN YET. - SENT 2ND FOLL. LETTER TO OI. - UPLOADED IA IN DC.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	30/7/18 -
Non-Reporting ltr (2nd):	08/11/18 - VIC
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:		
Post-Repair Photos:		
Others:		

[redacted]

PRELIMINARY ADVICE Date/Time: 08/11/18 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by: XGQ

Repair Cost: L/S S$ 1,450.00 (2 days) Reduction: 9 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24.09.21 Confirm with PATRICIA Email ☐ Cal ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :

Repair Cost: w/GST S$ 1,551.50 OI REAR ENDED TP

Loss of Rental (LOR): w/GST S$ 428.00 (4 days) X $100

Loss of Use (LOU): S$ - ($ x days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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: $350 - $250 = $100

Total: S$ 1,981.50 **Global Sum S$:**

FINAL PAYMENT Date/Time: 24.09.21 Confirm with: PATRICIA Email ☐ Cal ☐

Payee 1: S$ 1,981.50 Name 1: KAN FOOK SING MOTOR WORKSHOP

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3: