15/5/2010

INS. CASE OWNER: ~~CC4/LPC21008648/Kes3~~

LKK:

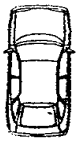
IDAC:

ASSIGNMENT CC4/LPC21008648/Kpa3

Surveyor: Kenneth DOI: 19/08/2021 Date / Time : 18/08/2021

Registered in Merimen: –

Pre-assign / CCU / FTE



Insured Vehicle No. : PUBLIC LIABILITY Claim No. : 20/21/21/LL00/003530

Name of Insured : SOON HIN FOODS PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

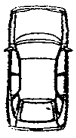
Excess Sec II :S$ D.O.A : 16/08/2021 Place of Accident :

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

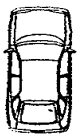
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

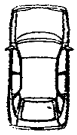
SMQ 4144Z → → →



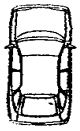
INSRS:
WSP: CHEW GOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMQ 4144Z : X
	*LPC HANLDE THE CLAIM DIRECTLY
	LKK SUBMIT WP REPORT

STAGE	DATE / PIC
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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:		Sent By:	
FINALIZATION	Date/Time:		Confirm with:	Confirm by:
Repair Cost: L/SUM	S$ 5,550.00	(7 days)	Reduction: 49 %	Email Call
FINAL SETTLEMENT	Date/Time:		Confirm with	Email Cal
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 + LO			[**Tick only one**]	
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: N~~ormal/Reject/Private Settle~~ /WP
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$			3) Survey fee: $350.00
Total:	**S$**		**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	