15/5/2010

INS. CASE OWNER: CC4/AIG21008987/Kes3

LKK:

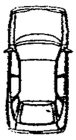
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 30/08/2021 Date / Time : 26/08/2021

Registered in Merimen: 26/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : EP 9800E Claim No. :

Name of Insured : TAN CHWEE KEE Policy No. :

Insured Tel No. : HP: Make / Model :

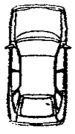
Excess Sec II :S$ D.O.A : 05/08/2021 Place of Accident :

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

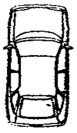
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

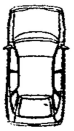
SBW 8383Y → → →



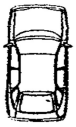
INSRS:
WSP: HWA SENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SBW 8383Y : CC4/EQI14003159/Gsy3w2 ; DOA : 10/02/2014	**STAGE** **DATE / PIC**
	EP 9800E : X	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: KSC
Repair Cost: L/S	S$ 5,100.00 (3 days)	Reduction: 49 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 19.10.21	Confirm with HWEE BOON	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,100.00	OID REVERSED HIT TP PARKED VEHICLE	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 300.00 ($ 100 x 3 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐	LOU only ☑	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]
GIA/LTA Search	S$ 7.45		
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: $320
Total:	**S$** 5,407.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time: 19.10.21	Confirm with: HWEE BOON	Email ☐ Cal ☐

Payee 1:	S$ 5,407.45	Name 1:	HWA SENG SPRAY PAINTING COMPANY
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	