15/5/2010

INS. CASE OWNER: CC6/AIG21009013/Apa3

LKK:

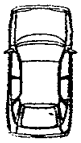
IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 24.08.2021 Date / Time : 24.08.2021

Registered in Merimen: 27.08.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 1448E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

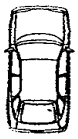
Excess Sec II :S$ D.O.A : 21.08.2021 13:55 Place of Accident :

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

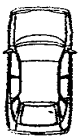
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

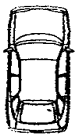
EY 5499X → → →



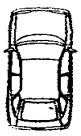
INSRS:
WSP: Lee Sheng Auto Pte Ltd
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	EY 5499X - X GBF 1448E - X	**STAGE** **DATE / PIC**
		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):
	EY5499X Date of Loss: 21/08/2021 (OD)	Call OI:
	~~Insurer: MSIG Insurance (Singapore) Pte. Ltd.~~	After call ltr to OI:
		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: L/SUM	S$ 4,500.00 (6 days) Reduction: 69 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 13/04/2023 Confirm with Ms Lee		Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost: 7%GST	S$ 4,815.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 560.00 ($ 80 x 7 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: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	**S$** 5,375.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 5,375.00	Name 1: LEE SHENG AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	