15/5/2010

INS. CASE OWNER: SALIHA

~~CC4/AIG21009148/ea3~~

LKK:

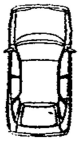
IDAC:

ASSIGNMENT CC4/AIG21009148/Kea3

Surveyor: KENNETH DOI: 06/09/2021 Date / Time : 31/08/2021

Registered in Merimen: 31/08/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 8233S

Name of Insured : AN NI TRADING

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 27/08/2021

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

If **NO**, Driver Name / Age : Chen LiFeng

Driver Tel No. : (V/L: YES / NO)

Claim No. : 1841261683SG

Policy No. : 2070030164

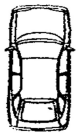
Make / Model : Toyota HIACE

Place of Accident : Near 52A Lrg. 5 Toa Payoh, Singapore 311052

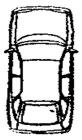
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

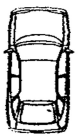
SJR 338M → ____ → ____ → ____



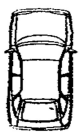
INSRS:
WSP: TROPICAL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJR 338M - X GBE 8233S - X	

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: KSC

Repair Cost: P/P S$ 2,087.63 (2 days) Reduction: 47 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 02.12.21 Confirm with CALVIN	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,087.63	OID REAR ENDED TP
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 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: $320
Total:	**S$ 2,207.63** **Global Sum S$:**	

FINAL PAYMENT	Date/Time: 02.12.21	Confirm with: CALVIN	Email ☐ Call ☐
Payee 1:	S$ 2,207.63	Name 1:	TROPICAL TECH AUTOMOBILE SERVICES
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	