15/5/2010

INS. CASE OWNER:

CC4/AIG21009249/ba3

LKK:

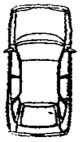
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02/09/2021

Registered in Merimen: 02/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMC 9656D

Name of Insured : LOH KAH WAI

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 31/08/2021 13:30

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. : 1800091037

Make / Model : Subaru Forester

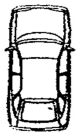
Place of Accident : Upper Changi Rd E, Singapore

Nature of Accident : _____

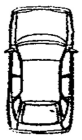
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

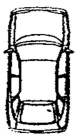
SJU 1571H → _____ → _____ → _____



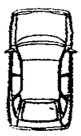
INSRS:
WSP: RICARDO AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJU 1571H - X SMC 9656D - 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: L/S S$ 3,850.00 (7 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14.12.21 Confirm with Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 4,119.50 OI REAR ENDED TP	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 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: $320
Total:	**S$** 4,599.50 **Global Sum S$:**	

FINAL PAYMENT Date/Time: 14.12.21 Confirm with: Email ☐ Call ☐

Payee 1:	S$ 4,599.50	Name 1:	RICARDO AUTO CENTRE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	