15/5/2010

INS. CASE OWNER: CC4/AIG21010065/ga3

LKK:

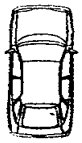
IDAC:

ASSIGNMENT

Surveyor: CKS DOI: 29/09/2021 Date / Time : 28/09/2021

Registered in Merimen: 28/09/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 3752X Claim No. :

Name of Insured : CHIONH KIA HUAT Policy No. :

Insured Tel No. : HP: Make / Model : Toyota HARRIER G GRADE

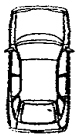
Excess Sec II :S$ D.O.A : 26/09/2021 13:50 Place of Accident : CIRCUIT ROAD NEAR BLK 66A

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

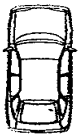
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

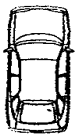
SLB 5742G → → →



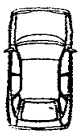
INSRS:
WSP: Allswell Motor Traders
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLB 5742G - CS/FCI18007117/Gqbe2 ; 13.04.2018	**STAGE** **DATE / PIC**
	SKH 3752X - CC3/AIG18008388/K1ea3s2 ; 05.05.2018	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	TPV: TOYOTA VELLFIRE (2493cc)	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $4,400.00 (3 days) Reduction: $2,725.50 % 38		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 29/12/2021	Confirm with BEN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 4,708.00 W/GST		
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 + 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: $320.00
Total:	**S$** 5,008.00	**Global Sum S$:** 5,000.00	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 5,000.00	Name 1:	ALLSWELL MOTOR TRADERS	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		