15/5/2010

INS. CASE OWNER:

CC4/AIG21011894/Ega3

LKK:

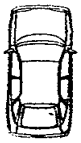
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 24/11/2021 Date / Time : 23/11/2021

Registered in Merimen: 23/11/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJY 195X Claim No. :

Name of Insured : ELISABETH CHOR CHU KIANG Policy No. :

Insured Tel No. : HP: Make / Model :

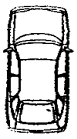
Excess Sec II :S$ D.O.A : 22/11/2021 15:35 Place of Accident : NEWTON CIRCUS

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

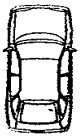
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

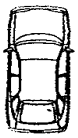
CB 6349J → → →



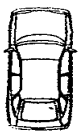
INSRS:
WSP: Connect 3
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	CB 6349J - NA/INC12001669/s2 ; 27/01/2012	**STAGE**	**DATE / PIC**
	NBA/CTI21011890/Y ; 22/11/2021	Non-Reporting ltr (1st):	
	SJY 195X - CC6/AIG12006930/Ub1g2y; 05/04/2012	Non-Reporting ltr (2nd):	
	NA/HSB12006933/w1; 05/04/2012	Non-Reporting ltr (Final):	
	NBA/CTI21011890/Y; 22/11/2021	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
	TPV: TOYOTA HIACE - 2982cc	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
	CLAIMANT: KAL T&T SERVICES	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$ $2,600.00 (4 days) Reduction: $2,389.90 % 48		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 07/01/2022	Confirm with LAU	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,782.00	W/GST	
Loss of Rental (LOR):	S$ (days)		OI DRIVING STRAIGHT AT TURN LEFT ONLY LANE
Loss of Use (LOU):	S$ 400.00 ($ 100 x 4 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search	S$ 2.00		
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: $320.00
Total:	**S$** 3,184.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 3,184.00	Name 1:	CONNECT3
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	