15/5/2010

INS. CASE OWNER:

CC4/AIG21012258/Vea3

LKK:

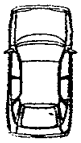
IDAC:

ASSIGNMENT

Surveyor: THEVAN DOI: 06/12/2021 Date / Time : 02/12/2021

Registered in Merimen: 03/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 8513C Claim No. : 5371760382SG

Name of Insured : Policy No. : 2070178390

Insured Tel No. : HP: Make / Model :

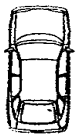
Excess Sec II :S$ D.O.A : 29.11.2021 20:00 Place of Accident :

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

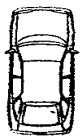
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

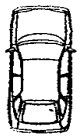
GBE 8852E → → →



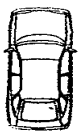
INSRS:
WSP: SIN HOCK LEE MOTOR REPAIR.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	GBE 8852E - X GBK 8513C - 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:	☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time:	Confirm with:	Confirm by: TTK
Repair Cost: L/S	S$ 2,400.00 (4 days) Reduction: 54 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 26.04.22	Confirm with MAY	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 2,568.00	OID REVERSED AND HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 320.00 ($ 80 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$ -		
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: $320
Total:	**S$** 2,888.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 26.04.22	Confirm with: MAY	Email ☐ Call ☐
Payee 1:	S$ 2,888.00	Name 1:	SIN HOCK LEE MOTOR REPAIR
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	