15/5/2010

INS. CASE OWNER: CC4/AIG21012892/R1ra3

LKK:

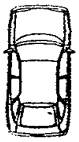
IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 20/12/2021 Date / Time : 20/12/2021

Registered in Merimen: 20/12/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SBW 85K Claim No. : 4093985518SG

Name of Insured : PEH OON HUI Policy No. :

Insured Tel No. : HP: Make / Model :

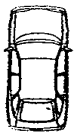
Excess Sec II :S$ D.O.A : 14/12/2021 Place of Accident :

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

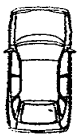
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

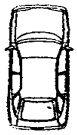
GBE 7179Y → → →



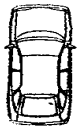
INSRS:
WSP: TOH AH SWEE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 7179Y : X SBW 85K : NBA/AIG19000329/Y ; DOA : 05/01/2019	**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: MRB
Repair Cost: L/S	S$ 5,550.00 (8 days)	Reduction: 39 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28.03.22	Confirm with WEI SI	Email ☐ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,938.50	OI CHANGED LANE HIT TP	
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 800.00 ($ 100 x 8 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LO ☐	[**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: $320
Total:	**S$** 6,740.50	**Global Sum S$:** 6,740.00	
FINAL PAYMENT	Date/Time: 28.03.22	Confirm with: WEI SI	Email ☐ Cal ☐

Payee 1:	S$ 6,740.00	Name 1:	TOH AH SWEE SPRAY PAINTING CO.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	