15/5/2010

INS. CASE OWNER: CS/AIG21007006/Gga3n2-1

LKK:

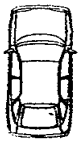
IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 25/06/2021 Date / Time : 24/06/2021

Registered in Merimen: 25/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 9216A Claim No. : 1274241538SG

Name of Insured : Chia Boon Lang Policy No. : 2100092567

Insured Tel No. : HP: Make / Model : Toyota Wish

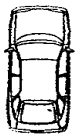
Excess Sec II :S$ D.O.A : 22/06/2021 08:30 Place of Accident : 528 Serangoon North Ave 4, Singapore 550528

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

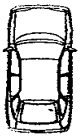
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

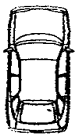
SJF 4162P → → →



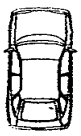
INSRS:
WSP: SIN HOCK LEE MOTOR REPAIR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJF 4162P SJH 9216A - ~~CS/AIG21007006/Gtf3n2 ; 22.06.2021~~	
	CLAIMANT: CHEN BAIQUN	
	TPV: NISSAN LATIO - 1498cc	

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:

Repair Cost: L/S S$ $600.00 (2 days) Reduction: $543.66 % 48 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 08/04/2022 Confirm with MAY Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23 If NO or B 28, Ass. Lia :

Repair Cost: S$ 642.00 W/GST

Loss of Rental (LOR): S$ 300.00 (3 days) x $100.00

Loss of Use (LOU): S$ ($ x 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: $70.00

Total: S$ 942.00 **Global Sum S$:**

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

Payee 1:	S$ 942.00	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:	