15/5/2010

INS. CASE OWNER:

CC6/AIG22002491/Kea3

LKK:

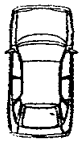
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 18/03/2022 Date / Time : 17/03/2022

Registered in Merimen: 17/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SNC 2088C Claim No. : 0241309133SG

Name of Insured : Policy No. : 7210110612

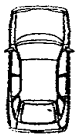
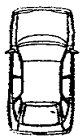
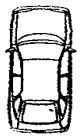
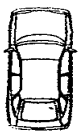
Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 13/03/2022 14:15 Place of Accident : PIE (CHANGI) 600M AWAY FROM BEDOK RESERVOIR ROAD EXIT

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**

GBK 4701C →	SNC 2088C →	SKR 5368G →	
			
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: AH LIM	WSP:
Tel :	Tel :	Tel : MOTOR	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time		STAGE	DATE / PIC
	SKR 5368G - CC4/AXA16001756/Ueb3q2 ; 26.01.2016	Non-Reporting ltr (1st):	
	SNC 2088C - X	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:	☐ ☐
	CLAIMANT - REVATHY D/O V SINNAIAH	Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
	TPV: T.ALTIS - 1598cc	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: PP	S$ $1,087.55 (2 days) Reduction: $2,303.08 % 68		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 31.08.2022	Confirm with MUI HONG	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ 1,163.68	W/GST	
Loss of Rental (LOR):	S$ (days)		C.C (OI 2ND)
Loss of Use (LOU):	S$ 120.00 ($ 60 x 2 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: $320.00
Total:	**S$** 1,285.68	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 1,285.68	Name 1:	AH LIM MOTOR COMPANY	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		