15/5/2010

INS. CASE OWNER:

CC6/AIG22004543/Kpa3q2

LKK:

IDAC:

ASSIGNMENT

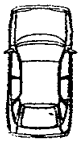
Surveyor: Kenneth

DOI: 13/05/2022

Date / Time : 12.05.2022

Registered in Merimen: 15.05.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 8585X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$

D.O.A : 12.05.2022 08:00

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

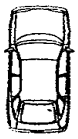
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

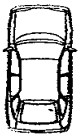
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

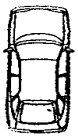
GBB 9119Z →



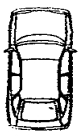
INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBB 9119Z - CC4/AIG13019656/R1pa3c3 ; 19/10/2013	Non-Reporting ltr (1st):	
	CC4/AIG14020773/Gze3w2 ; 02/11/2014	Non-Reporting ltr (2nd):	
	CC6/AIG11016255/M1a2r1k2 ; 12/08/2011	Non-Reporting ltr (Final):	
	NA/CTI20006406/z4 ; 17/06/2020	Notification ltr (if non-pickup):	
	NA/INC16008885/h4 ; 13/05/2016	Call OI:	
	GBF 8585X - X	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/Sum S$ 5,100.00 (4 days) Reduction: 30 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20/10/2022 Confirm with Ms June Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 5,457.00	
Loss of Rental (LOR):	S$ 500.00 (5 days) @$100	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$ 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: $320.00
Total:	**S$** 5,959.00 **Global Sum S$:**	

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

Payee 1:	S$ 5,959.00	Name 1:	CHENG HOE MOTOR PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	