INS. CASE OWNER: Vanchee Hay | CC 4/AIG1800 0759, T1 ja3g | LKK: IDAC:

ASSIGNMENT

Surveyor: MTH DOI: 1/1/2018 Date / Time: 1/1/18

Registered in Merimen: 1/1/18

Pre-assign / CCU / FTE: SLA 3101A

Insured Vehicle No. : GBF 9939C Claim No. : 139184952554

Name of Insured : Tan Kah Leng Policy No. : 21004 58243

Insured Tel No. : HP: Make / Model : NISSAN NOTE

Excess Sec II :S$ D.O.A : 9-1-18 Place of Accident : Clementi Ave 6

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

If NO, Driver Name / Age : Phoebe Chee Xin Yi OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96627876 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

GBF 9939C → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Carz Auto	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
16/1 Try 17-1-18 @	GBF 9939C X; SLA 3101A X 1026AM CONFIRMED ACC. AGREED TO SETTLE & AWARE NCD ISSUE.
→	TP's name LEUM JIA HAO. refer TP police report

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	17-1-18 JOY
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice:	/	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ 4,400.xx (6 days) Reduction: 40 % Email / Call

FINAL SETTLEMENT Date/Time: 8-2-18 Confirm with ALEX Email Call /

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 37 If NO or B 28, Ass. Lia +

Repair Cost: S$ 4,708.xx

Loss of Rental (LOR): S$ 600.xx (6 days) X 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$ —

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

Total: S$ 5,308.xx / **Global Sum S$:**

COPY SENT 8/2/18

ENTERED 19 FEB 2018

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 5,308.xx	Name 1:	CARZ AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	