15/5/2010

INS. CASE OWNER: Stacey Ng | CC 4, Asm 1900 3964, U fa3 | LKK: IDAC: 101899

ASSIGNMENT

Surveyor: MAtters DOI: 4/3/19 Date / Time : 4/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL2603S | Claim No. : S9ms1FKZ

Name of Insured : KERIC Hwah Cheong | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ D.O.A : 1/3/19 | 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**

SLS 7052L → → →

INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
WSP: Kim Chwee			

Date/ Time	
4/13 Joy	SLS 7052L - x ; SLL2603S. 4/Asm19003869/Ucd3 ; DOA: 1/3/19
	HEAD-TO-REAR, OI BEHIND
	- SETTLED. - ALL DOCS IN ORDER. - TO CLOSE.

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:	JY 12-3-19

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 :	✓	
Medical Bill:	X	
PIR:	X	
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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 3-7-19 Confirm with JASON Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,210.00	
Loss of Rental (LOR):	S$ 400.00 days)	COPY SENT 9/3/19
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:
Legal Cost	S$	3) Survey fee: $350.00
Total:	**S$** 3,612.00 **Global Sum S$:**	

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

Payee 1:	S$ 3,612.00	Name 1:	KIM CHWEE AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	