

INS. CASE OWNER: **MingYao.Lee**

CC4/AIG19015303/Kha3

LKK:

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **29/08/2019**Date / Time: **28/08/2019**Registered in Merimen: **29/08/2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMA 2850R**Claim No. : **0387345674SG**Name of Insured : **MS KOH WEN DEE**Policy No. : **1800070054**

Insured Tel No. : _____ HP: _____

Make / Model : **MAZDA 2-1.5 (A)**Excess Sec II : S\$ _____ D.O.A : **28/08/2019 09:15**Place of Accident : **AFTER MCE EXIT TO MAXWELL ROAD AFTER ERP GANTRY**

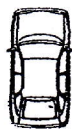
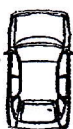
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **GOH CHENG HAU**

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

Driver Tel No. : **+65-97544955** (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SLM 8442UINSRS:
WSP: **ESTEEM PML**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLM 8442U - X	SMA 2850R - X	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:	06/09/19 - vic
			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: GRAB	☒ ☐
			Towing Invoice	☐ ☐
			LTA / GIA :	☒ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☒ ☐
			LOD	☒ ☐
			Payment Breakdown Form:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm by:	
FINALIZATION		Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	P/P	S\$ 716.07	(4 days)	Reduction:	83 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:		Email ☒ Call ☐	
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	NIL	
Repair Cost: (w/gst)	S\$	766.19	COID CHANGGB LANG			
Loss of Rental (LOR):	S\$	431.64	(6 days)	X	71.94 (GRAB)	
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\$	7.45				
Medical:	S\$	-				
Disbursement:	S\$	-	(e.g. Tow/ Independent)			
Legal Cost	S\$	-				
Total:	S\$	1,205.28	Global Sum S\$:		-	
FINAL PAYMENT		Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1:	S\$	1,205.28	Name 1:	ESTEEM PERFORMANCE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	-	Name 2:	-		
Payee 3: (Strike if N.A.)	S\$	-	Name 3:	-		