15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM19018550/Ega3

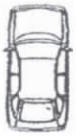
LKK: IDAC: 142918

ASSIGNMENT

Surveyor: STEVE DOI: 18/10/2019 Date / Time : 18/10/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SML1821Z Claim No. : S9M0241T

Name of Insured : KOH TAT JUN KENNETH Policy No. : P2286730

Insured Tel No. : HP: +65-91118459 Make / Model : HYUNDAI AVANTE

Excess Sec II :S$ D.O.A : 16/10/2019 14:05 Place of Accident : VIVO CITY CARPARK B1

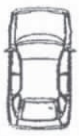
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : HENG XUE-LI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-93272077 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMC 9022H → → →

INSRS:
WSP: RAAIM CAR BODYWORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 9022H - X SML 1821Z - X	Non-Reporting ltr (1st):	
		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:	☐	☐
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: P/P	S$2191.66 (4 days)	Reduction: 481.94 % 18	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 16/03/2020	Confirm with CHARLIE	Email ☑ Call ☐
Final Liability:	% 80 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1876.06 (W/GST)		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 240.00 ($50 x 6 days)		
Loss of Income (LOI):	S$ ($ 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: $350.00
Total:	**S$** 2118.06	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2118.06	Name 1: RAAIM CAR BODYWORKS PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	