15/5/2010

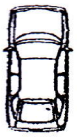
INS. CASE OWNER: MingYao.Lee | CC4/AIG19019373/Aka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 30/10/2019 Date / Time : 30.10.19

Registered in Merimen: 03.11.19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 7326Z Claim No. : 1444098623SG

Name of Insured : LOW EE LIN Policy No. : 1900012594

Insured Tel No. : HP: +65-98192856 Make / Model : MAZDA 3-1.5 HATCHBACK STANDARD

Excess Sec II :S$ D.O.A : 27/10/2019 18:50 Place of Accident : ALONG TAMPINES AVENUE 11

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**

GBG 5666K → _____ → _____ → _____

INSRS:
WSP: ACE
Tel : AUTOLUTION
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 7326Z - X GBG 5666K- X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	* TPV = Suzuki Every (658cc).	Notification ltr (if non-pickup):	
		Call OI:	8/11/2020
		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: 45	S$ 3600.00 (6 days)	Reduction: 8307.31 % 70.	Email ☑ Call ☐
FINAL SETTLEMENT	Date/Time: 7/4/2021	Confirm with Anna.	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3600.00		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 480.00 ($ 60 x 8 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00.
Total:	S$ 4,087.45	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 4,087.45	Name 1: Ace Autolution Pte Ltd.	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	