15/5/2010

INS. CASE OWNER: LALITHA | CC6/III19022100/Apa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/12/2019 Date / Time : 16/12/2019

Registered in Merimen: 16/12/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 2890M Claim No. :

Name of Insured : STARHUB MOBILE PTE LTD Policy No. : D19MFL0000734

Insured Tel No. : HP: Make / Model : NISSAN SYLPHY-1.6 CVT ABS

Excess Sec II :S$ D.O.A : 12/12/2019 Place of Accident : ALONG BLK 880 AND 872 YISHUN ST 81

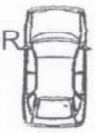
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : ARDI BIN KAMIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-90113011 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJF 3846G → → →

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJF 3846G - CS3/FCI13017472/Cvy3d1; DOA:17.9.13
	- CS3/AIG13022874/Sa3w2; DOA:30.11.13
	SMH 2890M - CS3/MSG19019322/Gcf3e2; DOA:31.10.19
26/06/2020	Pls refer to VIEWS for details.

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:	

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: L/sum S$ 3,300.00 (5 days) Reduction: 76 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time 26/06/2020 Confirm with Shi Yiing Email ☐ Call ☐

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

Repair Cost: S$ 3,300.00

Loss of Rental (LOR): S$ 400.00 (4 days) x $100.00

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$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format:

Legal Cost S$ 3) Survey fee:

Total: S$ 3,707.45 **Global Sum S$:** 3,350.00

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

Payee 1:	S$ 3,350.00	Name 1:	Choo Motor Spray Painter
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	