15/5/2010

INS. CASE OWNER: KHONG Lynn 68804892

CC4/ASM19022801/Apa3

LKK:

IDAC: 153433

ASSIGNMENT

Surveyor: XGQ / LWP

DOI: 27/12/2019

Date / Time : 26/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SMH 7683L

Name of Insured : DZUL FADZLI BIN HASSIM

Insured Tel No. : HP: +65-96470717

Excess Sec II :S$ D.O.A : 25/12/2019 17:05

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S9M02BAB

Policy No. : P2241918

Make / Model : TOYOTA SIENTA ELEGANCE (AUTO)

Place of Accident : PASIR RIS DRIVE 12

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

Insured Liability : % **Final ? Yes / No**

SMN 1844Y →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMN1844Y- X	SMH 7683L - X
15/1/2020	PIS ECE VIEW	
15/9/2020	DS form sent	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CLM 15/1/2020
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: 4S S$ 4600.00 (6 days) Reduction: 61 % Email ☑ Call ☐

FINAL SETTLEMENT Date/Time: 15/9/2020 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$ 4600.00	
Loss of Rental (LOR): W/65	S$ 749.00 (7 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$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: S
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 5349.00 **Global Sum S$:**	

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

Payee 1:	S$ 5349.00	Name 1:	ACE Autolution Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	