15/5/2010

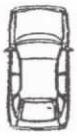
INS. CASE OWNER: MingYao.Lee | CC4/AIG20001832/Kea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/02/2020 Date / Time : 31.01.2020

Registered in Merimen: 03.02.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 7256P Claim No. : 9276180887SG X

Name of Insured : DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD Policy No. : 999996111

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ GLA200 URBAN (R18 LED)

Excess Sec II :S$ D.O.A : 24.01.2020 15:40 Place of Accident : 1 LORONG CHUAN 556818 (GATE 1 CARPARK)

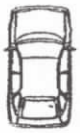
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : TULLY JAMES REEVES CASHMAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

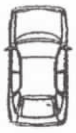
Driver Tel No. : +65-83486345 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMH 7234A → → →

INSRS:
WSP: ESTEEM
Tel : PML
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMH 7234A - X SLX 7256P - 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: KSC

Repair Cost: L/S S$ 1,200.00 (2 days) Reduction: 77 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 30.08.20 Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
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: [redacted] /REPUDIATED
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $320
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	