15/5/2010

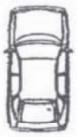
INS. CASE OWNER: WANG Peter 6880 4393 | CC4/ASM20002487H pa3 | LKK: IDAC: 160204

ASSIGNMENT

Surveyor: Lee Hock Ann | DOI: 12/02/2020 | Date / Time : 12/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGG 5598P | Claim No. : S0M02F62 GK

Name of Insured : YEO JIA CHENG JACK | Policy No. : GA523544

Insured Tel No. : | HP: | Make / Model : MERCEDES-BENZ GLA180 (R18 BI)

Excess Sec II :S$ | D.O.A : 03/02/2020 08:00 | Place of Accident : TPE > SLE BEFORE TAMPINES AVE 10 EXIT

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**

SJY 5766R → ____ → ____ → ____

INSRS:
WSP: SPEED AUTO
Tel : WORKS
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGG 5598P - NA/INC15016242/r3; DAO : 25.09.15
	SJY 5766R - X
29/06/2020	PIs 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$ 2,550.00 (4 days) Reduction: 80 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/06/2020 Confirm with Susan Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost w/GST	S$ 2,728.50	
Loss of Rental (LOR) w/GST	S$ 428.00 (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$	
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: $350.00
Total:	S$ 3,156.50 **Global Sum S$:** 3,100.00	

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

Payee 1:	S$ 3,100.00	Name 1:	Speed Auto Works
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	